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ABSTRACT

This report focuses on the transition situation of mentally retarded (MR) youth in Allegheny County, Pennsylvania. The county is served by two Intermediate Units: IU2 (1170 MR students) serves the Pittsburgh School System and emphasizes mainstreaming, with the mildly handicapped attending neighborhood schools and severely handicapped attending a special school; IU3 (2301 MR students) serves the 42 suburban school districts and emphasizes special education centers. Statistical and descriptive data and descriptions of services are provided concerning educable (EMR), trainable (TMR), and severely/profoundly (SPMR) retarded students and former students. Data are also provided from two recent follow-up studies, one of mainstreamed EMR school leavers and the other of EMR, TMR and SPMR graduates of special education centers. The systems serving MR youth and the way contact is made with these systems are described. Local developments intended to improve extant conditions are also described. Recommendations regarding work alternatives for MR youth, interagency cooperation and data gathering, tracking and reporting are included. (KM)

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MENTALLY RETARDED YOUTH IN TRANSITION IN ALLEGHENY COUNTY

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Mentally Retarded Youth in Transition in Allegheny County

EXECUTIVE SUMMARY

A major milestone in meeting the needs of mentally retarded youth was the passage of The Education for All Handicapped Children Act in 1975. This Act has meant that compulsory schooling for retarded children is now the norm in this country. While in school, many needs of these youngsters and their families are automatically met. Students are assured of free, predictable services that involve them on a full-time basis in activities directed at meeting their needs. Families are relieved of full-time care of their youngsters by the natural provisions of the school schedule.

All that can change with the mentally retarded youngster's exit from school. Once school is completed, there is no service system which automatically assumes responsibility for the next stage of the youngster's development. There are a number of service systems, each of which has its own set of requirements, procedures and programs, to which application must be made. It can take a fair amount of savvy and perseverance to obtain appropriate services for one's youngster once school is completed. Studies indicate that families are largely left on their own to negotiate these systems, and that a considerable number of handicapped adults are neither working nor in training once school is completed.

Concern has been evidenced nationwide with the transition from school to adult life of handicapped youngsters. This report, requested and funded by the Edith L. Trees Charitable Trust, focuses on the transition situation of mentally retarded youth in Allegheny County. It explores the situation of these youngsters in a number of stages: while in school, upon leaving school, and after schooling is completed. It also includes a description of the systems that exist to serve these youngsters, and how contact is made with these systems. Detailed also are new local developments aimed at improving extant conditions, and recommendations based on the information-gathering process.

The findings of this report can be summarized as follows:

Mentally Retarded Students in the School Systems of Allegheny County

- Allegheny County is served by two Intermediate Units: IU 2 serves the Pittsburgh School System, IU 3 serves the 42 suburban school districts. Each of the IUs treats the mentally retarded somewhat differently.

- IU 2 emphasizes mainstreaming, with the mildly handicapped attending neighborhood schools and the more severely handicapped students attending the Conroy Education Center, a special school for the mentally retarded. IU 3 has maintained an emphasis on special education centers, with 73% of MR students attending six centers. In both systems, mainstreamed youngsters take non-academic subjects with their non-handicapped peers, while studying academic subjects in segregated groups.

- There are, at present, 1170 MR students in IU 2 and 2301 in IU 3. In both systems, about 80% of students are classified EMR, 15% TMR and 5% SPMR. There are 751 MR students aged 18-21 in Allegheny County, 273 in the city schools and 478 from the suburbs.

Mentally Retarded Students Exiting the School Systems of Allegheny County

- Mentally retarded students may leave the school system three ways: by dropping-out, by graduating or by receiving a certificate of completion at age 21. EMR students tend to drop-out or graduate. More severely disabled students tend to remain in school until 21.

- The statistics on students leaving the system each year have not been systematically gathered. Based on the information available, we approximate that no more than 500 MR students are completing school in Allegheny County annually.

- Information on recommended placements for MR students leaving the system is only available from the Pittsburgh School System. In recent years, the most frequent recommendations for EMR graduates has tended to be further training, vocational evaluation and jobs. A significant number also have no placement recommended, as do a third to a half of EMR dropouts. Six-month follow-up of 1982 and 1983 Conroy graduates found them primarily in TACs, WACs, sheltered workshops or with no placements.

Follow-up of Mentally Retarded Youth Who Have Left the System

- Two local follow-up studies have recently been carried out, one by each of the IU's in the County. The IU 2 study of 33 mainstreamed EMR school leavers had a response rate of 51%. The IU 3 study of EMR, TMR and SPMR graduates of special education centers had an overall response rate of 37%, and sampled 71 EMR, 57 TMR, and 7 SPMR individuals. The limited samples of these studies, coupled with the fact that sample biases are not known, means that results must be considered with some caution.

- Thirty-nine percent of the IU 2 sample was found to be either employed, in training, in a sheltered workshop or in school. Fifty-eight percent was engaged in no activity at the time of interview. Seventy percent lived with a parent or guardian. When work patterns were looked at more closely, it appeared that few school leavers had successfully established themselves in careers.

- The IU 3 researchers focused on three aspects of community adjustment: vocational participation, quality of residential environment and adequacy of social and interpersonal network. Finding that 2/3 of both EMR and TMR youth had vocational placements and were regularly engaged in social activities, the researchers confronted the fact that approximately 80% of respondents lived with their parents. Regarding living with parents to be a residential environment of insufficient quality, the researchers concluded that "only 12 percent of youth surveyed have obtained successful community adjustment through transition".

Transitional/Vocational Services Within the School Systems

- Transition services for handicapped youngsters at the high school level are aimed at preparing the students to bridge the gap between school and adult life. They typically involve vocational assessment and training, counseling and work experience.

- Each of the local intermediate units has its own system for the provision of vocational and transitional services. In IU 2 the major vehicle for this is Project Liaison in which rehabilitation counselors are placed in city schools to give vocational counseling to mainstreamed EMR students, who may take skill-centered vocational courses. The more impaired MR students

in the city system receive vocational training in their own Conroy School.

- In IU 3, EMRs in district schools participate in vocational programs only to a limited extent, either within their school district or in one of 4 area Vo-Techs. TMR and EMR students in the special education centers are involved in vocational training which may include WACs, in-school work or work in the outside community. Transition planning in the centers would be done by the guidance counselor. For both mainstreamed and center students, transition planning is noted as not being done on a systematic basis.

Accessing the Post-High School Service Systems

- MH/MR and OVR are the two major service systems serving MR school leavers. The guidance counselors in the school districts and the special education centers of IU 3, and the Project Liaison counselors and guidance counselors of IU 2, were identified as the key decision makers in respect to referral to these systems. Parents must grant permission for their child to be identified to OVR and must agree with any service plan developed.

The Post-School Vocational Services Systems

- MH/MR and OVR each have a specific role in regards to vocational training. OVR serves individuals seen as having the potential to become gainfully employed, generally dealing with higher functioning MR individuals. MH/MR has an I.Q. ceiling for clients of 69, and therefore tends to deal with the lower functioning.

- There are numerous training programs in the County, at various locations, sponsored by different organizations. MH/MR and OVR pay for slots in these programs. Program types include, in order of functioning level of clients and extent of vocational content: TACs, WACs, sheltered workshops and competitive employment.

- Limitations in the number of openings at different program levels make it difficult to get into particular programs, and difficult to move up to more advanced levels once in a program. Data for Pennsylvania on clients in WAC programs indicate that only 2% progressed to sheltered workshops, and less than 1% moved to competitive employment. Only 7% of clients in sheltered workshops moved to competitive employment.

New Local Developments

New approaches to improving the situation of MR youngsters in transition are being undertaken at the local level. These include the following:

-Improving interagency cooperation: By December, 1986, each district office of OVR in the state is required to have an intergency agreement with each IU, member school district and vocational-technical school within its district. In Allegheny County, the IU's have sponsored a series of meetings aimed at establishing these formal agreements, in which MH/MR has also taken part.

- ITSPs: Another new development involves IU 3, and the local MH/MR and OVR offices, recently developing a proposal for a pilot program to provide special education students with Individual Transition Services Plans (ITSP). As proposed, the ITSP is to include a comprehensive assessment of a student's development, education, and training and will prescribe the resources and services the individual will need to meet vocational and other goals. This would be the first attempt to ensure that the transition situation of all special education students is systematically addressed. It will not be known for some time whether this proposal will be funded.

- Parent training: IU 3 staff has been interested in training parents as case managers of their children's careers. The model followed helps parents become aware of residential, training and employment options in their local areas and encourages them to develop action plans. At this writing, the Pennsylvania Department of Education has provided funds to begin developing a training manual and a committee of ten people, both parents and professionals, will be meeting to discuss its content.

- Supported employment: Supported employment is paid employment for persons with developmental disabilities for whom competitive employment is unlikely, and who, because of their disabilities, need ongoing support to perform their work. It involves a combination of placement on the job, job training and ongoing support services. In Pennsylvania, this is focused on the severely handicapped. Allegheny County has been selected as a site for a demonstration project. A Task Force for the Development of a Western Pennsylvania Supported Employment Program, composed of local representatives of relevant sectors of the community, has been meeting and a pilot program will begin July 1, 1986.

Conclusions and Recommendations

- There appears to be cause for concern regarding MR students in transition in Allegheny County. Follow-up studies suggest that these individuals may be experiencing difficulty establishing careers and independent living arrangements. There are also indications that there are too few openings in post-school programs so that youngsters remain on waiting lists and tend not to progress to higher levels once in a program. The numbers of individuals who "fall through the cracks" and do not reach post-school service systems is not known.

- Local systems, backed by national and state-wide initiatives, have developed a number of creative approaches to improving the current situation. At present, these initiatives are only a beginning. They tend to be planned on a limited basis, and funding for some is not assured. These new developments should be follwed with interest, as they are viewed as potential models for further testing, and eventual adoption.

A number of additional recommendations are suggested, based on the information-gathering and analysis inherent in this report. These will be described below:

- Additional statistics and a tracking system: The difficulty of obtaining unambiguous, valid statistics was noted throughout the research process. It is suggested that efforts be made to obtain statistics on a regular basis on the number of MR students in schools, exiting schools, in training programs, etc. The optimal data-gathering effort would involve a t acking system, in which individuals would be followed from the beginning of their school careers through their adult lives. This would allow the gathering of considerable information, and would permit feedback on the efficacy of vocational programs in light of length of time in programs, eventual destination of trainees, etc.

- An objective look at in-school and post-school services: For this report, much of the information came from the service systems themselves. There is felt to be a need for objective reporting on these systems, to get a better sense of what transpires within them.

- Increased availability of information on services: Difficulty in understanding the post-school service system was noted in this research. The confusion of parents and counselors who must plan for youngsters' futures while being unfamiliar with the services available can only be surmised. There is a need for accessible, clear information in regard to the alternatives available to these youngsters. A directory of services, or a service information hotline, would accomphish this.

- Consideration of alternatives to work: Some consideration might be given to expanding the goals for MR youngsters beyond the vocational. Included might be opportunities for volunteer work, leisure learning, and greater involvement in the community. This could prove useful in planning discretionary time for working individuals, as well as enabling meaningful lifestyles for those not working. Such an expansion of purpose is noted to have implications for the content of both school and post-school programs.

- Increased interagency cooperation: The present efforts aimed at strengthening cooperation among relevant agencies should be continued and expanded. In particular, the two IUs in the County are noted to be likely to profit from further interaction, which might include joint projects, and common data-gathering and research. Also, the formation of a Task Force on Transition of the Handicapped in Allegheny County, to include representatives from the school systems, vocational training systems, industry, etc., is urged for consideration.

Introduction: Mentally Retarded Youth in Transition

A major milestone in meeting the needs of mentally retarded youth was the passage of The Education for All Handicapped Children Act, P.L. 94-142, over a decade ago. This Act has meant that all handicapped children in every state are entitled by law to an education until age 21. Although parents and others are still involved in attempts to improve the quality of both the education and the integration of disabled students within the system, school for every child is now the norm.

During the period of compulsory schooling, then, many needs of families of mentally retarded youngsters are automatically met. While in school, developmentally disabled students are assured of free, predictable services that involve them on a full-time basis in activities aimed at meeting their educational needs. Additional needs of these students are met as a natural corollary of their attending school. For example, they receive transportation services, and opportunities for interaction and recreation with other youngsters. A number of important needs of families of developmentally disabled youngsters are also met automatically with their youngsters' school involvement. Families are relieved of full-time care of their mentally retarded youngsters by the normal school schedule, and have an obvious resource to which to turn with concerns related to them.

There is an abrupt change in the situation when the developmentally disabled student leaves the school system. Legally, a handicapped student may remain in school until age 21. According to local school sources, the more severely retarded tend to remain in school until that age, while those with less severe impairments largely complete their schooling by age 18. Once students become too old to be eligible for free appropriate education, they and their families lose the network of services associated with compulsory education. The student no longer has an automatic system whose accepted role is to strive to provide him with the most appropriate services, and the family has lost the automatic resource of having a system mandated to provide care for its youngster. Not only is schooling, then, no longer an integral part of the youngster's daily life, but also benefits that naturally occur with schooling - e.g. socialization with others, respite for families, availability of a system of involved professionals - cease to be automatic. This

may be an especially problematic situation for families of the severely retarded because of the difficulty of finding suitable services to substitute for those that have been lost.

A number of factors contribute to the current concern with transition of handicapped children. The present youngsters leaving the school system are members of the generation that reaped the rewards of P.L. 94-142. Unlike their predecessors, the great majority of these children, whatever their degree of handicap, have been in school. They are, as a group, better trained and educated than earlier cohorts of handicapped youngsters. Together with their families they have grown accustomed to the services that school attendance provides. Rising expectations of what they could expect in terms of daily activities suited to their needs, and the future for which they were being prepared, were created with compulsory schooling. Having fought so hard and successfully for the passage of P.L. 94-142, parents and advocacy groups are now facing the limitations evident further down the line in the system - the inadequacies in dealing with these youngsters once schooling is completed. (Perhaps these individuals are slated to be a groundbreaking group throughout their lives. As they face each new stage, society's inadequacies in dealing with their problems will come to the fore. Perhaps we will finally deal with the situation of the elderly mentally retarded only when this group reaches the appropriate age!)

Another concern which develops out of the fact that these are largely uncharted areas, is that traditional systems have not been designed to meet the needs apparent in the transitional period. School systems have traditionally, and perhaps with a sigh of relief, seen their responsibility end with the student's exit from the system. Extensive planning for the post-school period, or follow-up on the status of former students, have not been considered necessary or even particularly noteworthy functions. Special education systems are still reeling from the changes they had to make to accommodate the influx of students brought about by P.L. 94-142, for whom they accept responsibility. Students who are leaving the system may be considered an unnecessary and overburdening concern, outside their limits of responsibility. The Mental Health/Mental Retardation (MH/MR) and Office of Vocational Rehabilitation (OVR) systems have traditionally dealt with clients who approach them. OVR often deals with older, displaced workers, rather than seeking out younger clients just out of school. Also, in this time of financial retrenchment, systems are tending to contract rather than expand and would not be seeking out additional functions. Veteran workers may feel they lack the training and expertise necessary to successfully undertake new functions or

deal with new populations. Also, although new functions may be mandated or encouraged, corresponding funding may not be made available. It is clear that successful transitioning will require coordination of systems and a stretching of the functions of each. Some elements of the systems may be more amenable to such redefinition than others.

Studies indicate that families are largely left on their own to negotiate the post-educational service system. There is often no clear next step to which to turn for services for a handicapped youngster when he leaves school. The family may be left on its own to determine the appropriate service system for its offspring, and to successfully approach and negotiate that system so as to provide its youngsters with suitable vocational or other placement. Families often face long waiting lists for such services and less persevering, knowledgeable or able families may not even reach a waiting list stage. Rather, they may fail to contact the system at all, or may retreat when the system is not immediately responsive. Research findings indicate that many, if not most, mentally retarded youngsters are not in training or vocational placements once they finish school. Clearly, many mentally retarded youngsters remain at home with little to do once they leave the educational system.

Concern has, accordingly, focused on the post-schooling period as a time of considerable need for mentally handicapped youngsters and their families. The situation of youngsters in Allegheny County is of concern to relevant professionals. It has been noted by individuals in the county MH/MR system that "families have most of their needs met by their youngster's involvement with school" and that "families have traditionally initiated contact with the MH/MR system upon the exit of their youngsters from school". The county school system and the city school system have each recently carried out studies focusing on the current situation of individuals who exited special education programs for the mentally retarded some years ago, which will be detailed below. Findings from one of those studies confirms that more than half the youngsters who were located were neither working nor in training of any kind.

The present study of mentally retarded youngsters in transition in Allegheny County has, accordingly, had a number of foci. These have included understanding the local situation of retarded youngsters in this area in a number of stages: while in school, upon leaving school, and post-school. It has also included an understanding of the systems that exist to serve these youngsters, and how contact is made with such systems. Finally, it has included a search for new local developments in the area of mentally retarded youth in transition which are aimed

at improving extant conditions. Each of these will be discussed in the body of the report.

I: Mentally Retarded Students in the School Systems of Allegheny County

Background

In November, 1975, the Education of All Handicapped Children Act became Public Law (P.L.) 94-142. This law was designed to help those children whose individual differences were so great that they needed specialized instruction. While PL 94-142 recognized the special educational needs of the handicapped child, the goal of the law was to have every child enrolled in a program that was as normal as possible. Educators call the learning environment produced through normalization the least restrictive environment (LRE). Under the law a least restrictive environment could be provided by: 1) having the handicapped child placed in a regular class or take part in activities with non-handicapped children or by 2) providing the handicapped child with the same kind of experiences that non-handicapped children have, but in a more controlled environment. The provisions of the law were to be implemented by October 1, 1977.

PL94-142 also outlined a mandatory planning process for placing the child into an appropriate program, which called for parents to be involved in all phases of planning. A yearly Individualized Education Program (IEP) was mandated to be written for every special education student which includes the child's current performance level, goals and objectives, services to be provided, personnel who will work with the child, where and when services would be provided and an evaluation plan. Parental consultation and eventual consent is required on the IEP.

As a result of the law, public school systems significantly changed their approach to educating the mentally retarded. Mildly retarded children tended to be mainstreamed within regular public schools; the more severely handicapped remained in special school facilities. The educational principle underlying mainstreaming was the assumption that if mildly handicapped children are to communicate and compete in society as adults, they must learn these skills early, within the same milieu as non-handicapped children, with supportive services being provided by special and/or vocational education efforts.

The extent to which students are mainstreamed depends upon the school system and the particular handicapping conditions. Often mentally retarded students, when mainstreamed, are mainstreamed into non-academic classes only. For example, a mentally retarded student might take Physical Education and Home Economics with regular students, but would take academic classes only with other mentally retarded students.

In Pennsylvania, mentally retarded students are divided into three categories: Educable Mentally Retarded (EMR), Trainable Mentally Retarded (TMR) and Severely and Profoundly Mentally Retarded (SPMR). The EMR individual "is one whose general intellectual functioning and social adaptation is mildly impaired due to medical or social disability". According to Pennsylvania standards, the I.Q. range for EMR is between 55 and 79. The TMR individual "is an individual whose general intellectual functioning and social adaptation is moderately limited". I.Q.'s range from 30 to 54. An SPMR individual "is an individual whose general intellectual functioning and social adaptation is minimal". I.Q.'s fall below 30. (Pennsylvania Department of Education, p.7) In Pennsylvania, most EMR students tend to be mainstreamed. Some schools mainstream TMR students, and some do not. SPMR students tend to be placed in special education centers.

The Commonwealth of Pennsylvania has developed a three-tiered system for the delivery of education services - the Pennsylvania Department of Education, the intermediate units, and the local school districts . The state is divided into 29 intermediate units. Two of these serve Allegheny County: IU 2 includes the Pittsburgh School System; IU 3, also called the Allegheny Intermediate Unit (AIU) serves the 42 school districts in suburban Allegheny County. The two IU's differ somewhat in their approach to the education of the mentally retarded as will be described below.

The Local Situation

Pittsburgh School System: A mainstreaming project had been instituted in 1972, before the enactment of PL 94-142. In the Pittsburgh school system, then, all EMR and a few TMR students are mainstreamed in neighborhood schools. Mainstreamed MR students only attend non-academic classes with non-handicapped peers. The majority of TMR and all SPMR attend Conroy Education Center, a special education center for the mentally retarded. Students that are both physically and mentally handicapped attend Pioneer School, a special center for the physically handicapped.

One of the reasons that these students with multiple handicaps attend the center for the physically handicapped is that Conroy cannot accommodate the needs of physically handicapped students. Although fairly recently renovated, it has no elevators, for example. These students do not appear in MR statistics. The city's special education centers are organized by disability, with each center serving a specific disability category.

The Allegheny Intermediate Unit: The AIU had traditionally placed greater emphasis on educating handicapped students in special centers. Before the enactment of PL94-142, Allegheny County had been considered a leader in the provision of facilities for the handicapped. In the 1960's, most of the AIU school districts had contributed millions of dollars toward building seven special education centers for the handicapped. These centers were divided geographically, with each serving specific school districts, providing special educational services for students with varying handicapping conditions. The development of these centers was considered a big step in handicapped education. At that time, only the St. Louis area was considered to have facilities comparable to Allegheny County.

The district school systems, thus, had made a considerable investment in special education centers. The demands of Public Law 94-142 required a reorientation of the County's approach. The least restrictive environment requirement meant that the new centers were now regarded as separate but unequal for mildly handicapped students. The compliance of the AIU with the new law required such radical changes in serving students that there was no attempt to meet the 10/1/77 implementation deadline.

AIU officials were concerned about financial issues; that money tied to the act would be meager the first couple of years, and that implementation of the act would be financially disastrous. Instead of continuing to place handicapped students in special centers, officials would have to fit more students into schools with limited space that were experiencing their own budget difficulties. Officials were also concerned with the amount of paperwork required to begin mainstreaming programs. Under the provisions of the Act, every student requiring special education has to have an Individual Education Plan completed, which entails a parent-teacher conference. For the AIU, this entailed 35,000 IEPs and conferences being completed before mainstreaming could begin. In the end, the AIU established 15 mainstreaming classes in six school districts in 1979, while also retaining the center concept.

Students in the Local Systems

The first step in understanding the local situation in regards to mentally retarded students in the school systems was to gain an appreciation of its scope. This involved understanding the number of students involved. A chronic problem was discovered in this process. Reliable data of this nature was more difficult to obtain then might be predicted - numbers tended to differ according to their source, with different agencies producing different numbers for the same set of students. It was decided to use the statistics supplied by the Division of Child Accounting and Subsidy Research, Bureau of Basic Education Fiscal Accounting, Department of Education, Commonwealth of Pennsylvania. This Division has a tracking system devised to comply with the tables required in the new Federal Report. It was begun in the school year 1981-82, when it was subcontracted out to an IU. It was changed in the Fall of '85 when it was brought into the Department of Education. For the current school year, 1985-86, then, detailed information is available on special education students, supplied by each IU to the State. Unfortunately, the data prior to this year is not accessible, so that other sources were used to indicate trends in numbers over the past few years. Also, number of school completers and dropouts is not available from the current system, although they should be available at the end of this school year, as students are tracked for the months of June and July.

The Pittsburgh Public School System: The Division of Finance and Statistics, Section on Statistics and Child Accounting of the Pittsburgh Public Schools provided the count of mentally retarded students, in the years 1979-1980 to 1984-1985 presented in Table 1 below. Statistics for the current school

TABLE 1:

Mentally Retarded in City Schools

Year	EMR	TMR	SPMR	Total
1979-80	1541	207	77	1825
1980-81	1468	228	81	1777
1981-82	1129	177	46	1352
1982-83	1237	190	58	1485
1983-84	918	182	56	1156
1984-85	894	159	53	1106
1985-86	939	168	63	1170

year, 1985-1986 come from the Division of Child Accounting as described above. It will be noticed that there was a general decline in all three MR groups - EMR, TMR, SPMR - over this five year period. It should be pointed out that these figures do not include the approximately 45 students at Pioneer School for the physically handicapped who are also mentally retarded. These students are not included in any statistics on the mentally retarded, as they attend the center for the physically handicapped and their primary classification is therefore considered to be physically handicapped.

As our focus is on the transition from school to adult life, we were specifically interested in the number of older students in the system. Statistics from the Division of Child Accounting are broken down by exceptionality (type of handicap) and age. Numbers of MR in the Pittsburgh Public Schools on December 1, 1985 are presented in Table 2 next page. The majority, 80%, of all students are EMR, with 14% TMR and 5% SPMR. There is a total of 273 MR students aged 18-21 in the Pittsburgh Public Schools (23% of MR students are aged 18-21.) Of this age group, 71% are EMR, 22% are TMR and 8% are SPMR.

There had been interest in exploring the racial composition of the mentally retarded in the city schools. It had been observed that Blacks were disproportionately represented among mentally retarded students. Figures we obtained from the Division for Exceptional Children, Pittsburgh School System would indicate that to be true. According to figures for the current year, 52% of all children in Pittsburgh schools are Black. In contrast, 66% of mentally retarded children in Pittsburgh schools are Black. If we focus on grades 9-12, of primary interest to this study, we find the disparity is greater. Although 46% of all school students in those grades are Black, 67% of MR students are Black. The disparity is greater for EMR students, of whom 75% are Black in grades 9-12. TMR are 46% Black in those grades, SPMR 36% Black. It has been suggested that the increased disparity for EMR students may be due to the fact that mild retardation is often of partially environmental origin; more severe handicaps tend to be genetically-based.

Three relationships were tested for significance using chi square: the % Black EMR students in grades 9-12, the % of Black MR students in grades K-12, and the % of Black EMR students in grades K-12. Each of these were found to be significant at the .0000 level. These findings should be regarded with some care, however, as the data supplied by the Division for Exceptional Children varies greatly from that obtained from other sources. Therefore, conclusions based on these data must be viewed with some caution.

TABLE 2:

MR ENROLLMENTS:
SCHOOL YEAR 1985-1986

IU2

Exceptionality

Age	EMR	TMR	SPMR	TOTAL
4-5	14	6	2	22
6-11	225	42	21	288
12-17	507	61	19	587
18-21	193 (71%)	59 (22%)	21 (8%)	273 (101%)
TOTAL	939 (80%)	168 (14%)	63 (5%)	1170 (99%)

IU3

Exceptionality

Age	EMR	TMR	SPMR	TOTAL
1-5	47	11	3	61
6-11	467	76	38	581
12-17	981	141	59	1181
18-21	314 (66%)	121 (25%)	43 (9%)	478 (100%)
TOTAL	1809 (79%)	349 (15%)	143 (6%)	2301 (100%)

Allegheny County Schools: The state tracking system reports the MR enrollments for IU3 on December 1, 1985 as indicated in Table 2 p. 10.

As can be seen, there is a total of 2301 MR served by the AIU in the current school year. The breakdown into degree of severity of handicap is very similar to that of the city schools with 79% EMR, 15% TMR and 6% SPMR. Again, that breakdown differs slightly for the 478 18-21 year olds served by the AIU. Of these students, 66% are EMR, 25% are TMR and 9% are SPMR.

If we look at the distribution of EMR and TMR students served by the IU, and served in local school districts, we find that the center concept is still very strong in the AIU. Table 3, next page, presents this data. Two-thirds of EMR students and 95% of TMR students attend AIU special education centers, as do all SPMR students. For those EMR students aged 18-21, the percent served by the AIU center system is an even greater 72%.

The determination of where students attend school, whether in a center or a local school district is made in accordance with parental wishes, and recommendations of professionals, in particular the district liaison person who is usually a psychologist. It may be the case that the students presently in their late teens, who started school before mainstreaming was in effect, tended to remain in the centers to which they had become accustomed. A change in this trend had been described to us as occurring in the past 4-5 years: when a child is first identified as handicapped a strong effort to mainstream him or her has been noted, especially for young educable students. The statistics, however, indicate only a slightly smaller percent of 6-11 year old EMRs than 18-21 year old EMRs being served by centers; 65% vrs. 72%. The very youngest children in the AIU system, up to five years old, are found at centers at the rate of 89%. This, however, likely reflects the absence of pre-school programs in local school districts.

Not appearing in the statistics are an additional 76 students who attend St. Anthony School for Exceptional Children, the only parochial school serving MR students in Allegheny County. Some of these are day, and some residential, students. Twenty-six of these students are aged 18-21, the remainder are 6-17. A small number of St. Anthony students are described as coming from outside the County.

TABLE 3:

DISTRIBUTION OF STUDENTS IN IU CENTERS
AND LOCAL SCHOOL DISTRICTS - IU3
SCHOOL YEAR 1985-1986

AGE

	1-5	6-11	12-17	18-21	Total
EMR: IU	42 (89%*)	305 (65%)	639 (65%)	225 (72%)	1211 (67%)
Dist.	5 (11%*)	162 (35%)	342 (35%)	89 (28%)	598 (33%)
TOTAL	47	467	981	314	1809
TMR: IU	11 (100%)	71 (93%)	134 (95%)	115 (95%)	331 (95%)
Dist.	0	5 (7%)	7 (5%)	6 (5%)	18 (5%)
TOTAL	11	76	141	121	349
SPMR: IU**	3 (100%)	38 (100%)	59 (100%)	43 (100%)	143 (100%)
TOTAL: IU	56 (92%)	414 (71%)	832 (70%)	383 (80%)	1685 (73%)
Dist.	5 (8%)	167 (29%)	349 (30%)	95 (20%)	616 (27%)
GRAND TOTAL	61	581	1181	478	2301

* All percentages add up to 100%

** All SPMR attend IU Special Education Centers

II. Mentally Retarded Students Exiting the School Systems of Allegheny County

There are basically three ways that mentally retarded students leave the school system. They may drop-out of the system, they may graduate, or they may receive a certificate of completion at age 21. EMR students tend to drop-out or graduate, and few are found in the system past age 18. The more severely disabled students, the TMR and SPMR youngsters, tend to remain in school until age 21, at which time they receive a certificate.

Information on number of students leaving the system each year are, again, difficult to obtain. Intermediate units were not required to report this to the state until July, 1985, so that the graduate count for any previous school year's end, in June is not available. However, we do have some information on number of graduates, which will be presented below.

Pittsburgh School System

The Division for Exceptional Children keeps a record of special education students leaving the system. They list the following numbers of EMR graduates and dropouts for 1981 to 1985. This data is presented in Table 4, next page. A few TMRs who were mainstreamed students may also be included in the figures. The ages at which EMR students dropped out are also given, in Table 5, next page. It can be seen that seventeen tends to be the most frequent age at which EMR students drop out.

Placement of EMR School Leavers: The Division of Exceptional Children, Pittsburgh Public Schools gathers information on the placement of EMR graduates and drop-outs after leaving school. They also do a 6-month follow-up on graduates to determine placement at that time. We were able to compile the placement and follow-up information presented in Tables 6 and 7, page 15.

As the data in Table 6 indicate, the recommended placement for EMR after high school is most likely to be further training, followed by jobs and then vocational evaluation. It should be noted that these are recommendations of the counselors and do not indicate that placement was actually achieved. It may be seen that 6 months later many fewer are in further training. This may be because training has been completed, or that, because of waiting lists or failure to be contacted, training was never

TABLE 4:

Year	EMR Graduates of Pittsburgh Schools	EMR Dropouts	Total	Dropouts as a Percentage of Total School Completers
1981	101	82	183	45%
1982	98	61	159	38
1983	81	51	132	39
1984	70	44	158	38
1985	67	29	96	30

TABLE 5:

Age Distribution of EMR Dropouts - Pittsburgh Schools

Age	15	16	17	18	19	20	Total
1981	5	12	37	12	9	7	82
1982	1	10	23	14	2	0	72
1983	1	2	17	10	7	1	64
1984	0	5	11	15	11	1	45
1985	1	1	15	9	3	0	29
Total	8	30	103	60	32	9	

NOTE: Ages are missing for some dropouts as follows:
1982 - missing 11 (15%)
1983 - missing 13 (20%)
1984 - missing 1 (.02%)

TABLE 6:

PLACEMENT AND FOLLOW-UP INFORMATION FOR EMR GRADUATES - PITTSBURGH SCHOOLS

	JOB	VOCATIONAL EVALUATION	FURTHER TRAINING	MILITARY	OTHER	NONE	CR*	TOTAL
PLACEMENT 1981-82	29	8	43	6	3	9		98
FOLLOW-UP	25	8	29	2	5	12	17	98
PLACEMENT 1982-83	12	24	29	6	4	6		81
FOLLOW-UP	12	15	17	3	5	17	18	87
PLACEMENT 1983-84	7	10	33	1	2	17		70

TABLE 7:

PLACEMENT INFORMATION FOR EMR DROPOUTS - PITTSBURGH SCHOOLS

	JOB	VOCATIONAL EVALUATION	FURTHER TRAINING	MILITARY	OTHER	NONE	CR*	TOTAL
PLACEMENT 1980-81	8	5	20	1	21	26 (32%)	1	82
PLACEMENT 1981-82	7	4	16	0	12	20 (33%)	2	61
PLACEMENT 1982-83	1	2	15	0	10	21 (41%)	2	51
PLACEMENT 1983-84	3	3	13	0	1	23 (53%)	0	43
PLACEMENT 1984-85	2	4	6	0	5	12 (44%)	0	27

* COULDN'T REACH

begun. Comments on these sheets indicate that the latter is often the case: i.e. "never called back from X agency". The number of students with no placement was considerable after six months, as was the number that couldn't be reached. About half of the students that had been placed in the military were no longer in that placement at 6 months.

The data in Table 7 indicate that dropouts are most likely to have no placement after school. They are next most likely to be placed in further training. As follow-up is not done for dropouts, it is not possible to know if training was achieved, nor any other details on actual placement.

TMR and SPMR completers: The number of Conroy School completers is also available for the years 1982, 1983 and 1985. These represent the TMR and SPMR students. Placement and follow-up information is also available on Conroy completers, as presented in Table 8, next page.

TMR and SPMR School Completers - Conroy School

1982	26
1983	26
1985	24

As may be seen, placement in Therapeutic Activity Centers (TACs), the lowest level activity, is the most frequently recommended destination for these students. Of the latest class, that of 1985, a full 75% were recommended for placement in TACs. In previous years, however, there does appear also to be a fair number placed in higher level situations, i.e. sheltered workshops and Work Activity Centers (WACs).

The Allegheny Intermediate Unit

It was very difficult to obtain information on the number of MR students of different categories leaving the AIU system. This information does not appear to have been collected systematically at any time. We were fortunate to have been able to make use of data collected in the development of the sampling frame for the recent follow-up study done by the AIU (Toxey and Fox, 1986). This data listed MR graduates from the 7 AIU special education centers (reduced to 6 after the 1985 closing of one center) for the years 1980, 1982 and 1984. These included EMR, TMR and SPMR youth. This data is considered approximate. Also, it does not include dropouts and students mainstreamed in local school

TABLE 8:

CONROY EDUCATION CENTER GRADUATES: PLACEMENT AND FOLLOW-UP

	Compensated Employment	Vocational Training	TAC	WAC	Sheltered Employment	Nothing	TOTAL
'82 Grads							
6/86	2	0	15	1	8	0	26
2/83	0	1	7	0	6	11	25
'83 Grads							
6/83	1	1	10	7	6	1	26
2/84	1	1	11	11	1	2	27
'85 Grads							
6/85	0	1	18	0	4	0	24

districts. We do know, however, from this same data source, that 40 youngsters graduated from district school systems in 1985.

TABLE 9:

MR Graduates from AIU Centers 1980, 1982 and 1984

	'80	'82	'84
EMR	113	71	57
TMR	22	44	46
SPMR	8	3	5
TOTAL	143	118	108

A more detailed table, specifying the number of school completers from each center in each year is included in Appendix A. It can be seen from that table that SPMR graduates are almost exclusively in 2 centers, Eastern Area and, especially Western Hills.

Another source of data, the state tracking system, when contacted in late 1985, approximated the number of MR students graduating or receiving a certificate of completion from the AIU in June, 1985 as: EMR 75, TMR 10, SPMR 6.

In conclusion, it can be seen that the number of graduates from the county IUs is not great - in 1985, the state estimates 91 students exited each of the County IU's. This, however, does not include dropouts, which we know for the city system is about 30. The magnitude of the task of planning for MR school leavers is, then, not enormous. The extent of the task appears limited and should not be impossible.

III. Follow-up on Mentally Retarded Youth Who Have Left School

There has been some interest around the country in providing follow-up on handicapped youngsters who have left school and begun their adult life. A number of studies are in evidence which attempt to determine the status of such youngsters years after they leave the system. An especial interest is in the vocational placement of these individuals; whether they are in training or working once they leave school. A number of aspects of such studies have become evident. First, has been the typically low response rates. Problems have been experienced in, first of all, locating former students and second, receiving a response for those who are located. Because, typically, attempts are to reach students who have not been consistently followed, but rather, have left the system years previously and are sought from information on school records, response rates have been low. Also, the direction of the bias in response rates is not known. That is, a case could be made that it is the more successful individuals who are more easily located and are apt to respond. The opposite reasoning is however, also, intuitively appealing - that it is the individual who would like some assistance who responds. These studies, then, as a group have to be considered with some care, as the unrepresentativeness of samples make conclusions tentative.

There are a number of reasons for carrying out such studies. First, they provide a means of feedback on the programs offered in school. Should programs be geared toward preparing young adults for adult life, the status of graduates helps to reflect back on their effectiveness. This is perhaps most directly true in respect to vocational programs. Should most of the graduates of vocational programs be unemployed five years after graduation, the possibility of modifying those programs should arise. Second, they fulfill a need for accountability, to determine the status of each individual student who has left the system.

Recently, each of the local intermediate units has completed such studies. To enable these studies to be put into perspective, we will discuss three studies completed previously in the U.S.

Studies at Other Locales

Washington State: A recent study in the state of Washington (Edgar et al, 1985), followed 1176 former special education students who left the school system during the period 1976 to 1984. A cohort of 220 students from the classes of 1983 and 1984 were followed extensively. A group of 61 nonhandicapped students were also followed. The overall response rate was 47%. Students were grouped according to handicapping condition. It was found that 43% (65/150) of mild MR individuals were working, as were 39% (65/166) of the severely disabled, a category which included a variety of handicaps including severe MR. The definition of work included sheltered workshops. 65% of the nonhandicapped were working. It was also found that 49% (69/150) of the mild MR, and 52% (81/166) of the severely disabled, had no activity. Only 6% (4/62) of the nonhandicapped were found to have no activity.

Seventy percent of both the mildly mentally retarded and the severely handicapped lived with their families. 58% of the nonhandicapped also lived with their families.

University of Vermont: A study carried out at the University of Vermont followed 243 MR youngsters who exited high school between 1981 and 1983 (Hasazi et al, 1985). All EMR and TMR youths who graduated or left Vermont school districts in those years were included as part of the population to be studied. Information gathering included review of school records and telephone interviews. 243 youth were interviewed. Response rate is not indicated. Of these, 150 had graduated, 42 had left the system after age 18 and 50 had dropped out before age 18. 209 were classified EMR, 25 TMR and 9 were unspecified. There were 145 men in the study sample, and 95 women.

It was found that 46% of the sample were in paid jobs, a category which included nonsubsidized jobs (often referred to as competitive employment), subsidized jobs and sheltered jobs. Of the employed, however, 93% were in nonsubsidized jobs. Only 21% of those in paid jobs were employed full-time. The researchers found that whether an individual graduated or dropped-out was not related to employment status. They suggest a difference in employment status according to sex and degree of disability: 56% of the men were in paid jobs, as compared with 23% of the women; 47% of the EMR and only 14% OF TMR. Eighty two percent of the sample was found to reside with parents or guardians. The majority of individuals were found to have had no contact with job related service agencies.

St. Louis County, Missouri: The third study which can provide some background perspective to the local investigations was carried out in St. Louis county, Missouri (Crain, 1980). 130 EMR graduates were randomly selected from the classes of 1962, '65, '68, '71, '74, and '77; 25 were selected from each class. The authors report that 68% were in the labor force. Of these individuals, 92.1% were employed and 7.9% unemployed. If we reorganize their categories so as to enhance their comparison with other studies, we find that 78% were either employed, in further training or in a sheltered workshop.

Local Follow-up Studies

The Pittsburgh School System (IU 2) Study: The Division for Exceptional Children mounted a project whose purposes were to provide follow up and placement services to handicapped persons who were former students. The school population for this project were those students that were enrolled as 9th graders during the 1978-1979 school year. As the study was done in 1985, this would represent 6 years after 9th grade when all individuals would be expected to have left the school system, either as graduates, drop-outs or those receiving a certificate of completion at age 21. One of the two groups chosen was EMR, of whom there were 335 9th graders in that year. A 20% random sample, 65 persons, were selected for the study sample. These EMR youngsters were mainstreamed students, attending regular schools.

This study experienced the difficulty in locating the selected sample that might be expected after 6 years of no contact. Of the 65 individuals, 21 (33%) could not be located, and 11 (17%) were found to have moved out of the city, or to be incarcerated or institutionalized, and so were not interviewed. The 33 (51%) that were located were interviewed and formed the final study sample. It is clear that the small final sample, and the return rate, limit the utility of the findings. As it is not known whether the 33 individuals who form the basis of the study findings are representative of the group as a whole, or rather indicate a bias in some way, outcomes of the study can perhaps be best thought of as suggestive.

There were 23 men, and 10 women in the final sample. Sixteen of the sample individuals had graduated from high school (48%), 14 had dropped out of school (42%), and 3 had originally been drop-outs but had gone on to earn G.E.D.'s. (It is of interest to compare this to a similar sample of non-handicapped 9th graders from the 1978-1979 school year who were also studied. The drop-out rate for this non-handicapped group was 33%.)

The rates of employment for this study can be explored to allow comparison with other studies. Ten individuals were found to be employed, 2 in training and one in a sheltered workshop. One was still in school. Thus, 39% (13/33) were found to be in a work-related activity, and 58% (19/33) had no activity. Ten out of 23 males (43%) were found to be working, 3 out of 10 (30%) females, a difference found not to be significant. (The small numbers make it unlikely that anything but an extremely strong relationship would be shown to be significant through chi square testing.) If we examine the relationship between work status and graduation from/drop-out status, we find that 53% of those who had a high school diploma (had graduated or earned G.E.D.'s) were working or in training, contrasted with 21% of the drop-outs. When the relationship between graduate and work status level was tested with chi square analysis, it was found to be significant at the .06 level which, although generally not accepted as significant, approaches the generally accepted .05 level. It is, therefore, a potentially fruitful area for further exploration.

Only one woman in the sample was married and no men. Five of the ten women had at least one child as did 6 of the 23 (26%) men. An interesting relationship emerged between work status and whether or not an individual had children, especially for the men. It transpired that none of the 6 men who had children were working, and only one of the women with children was working, making a work rate of individuals with children of 1/11 or 9%. Of the 22 individuals with no children, 12 (54%) were working. This relationship was found to be significant at the .01 level, when tested by chi square analysis.

Eighteen (54%) of the 33 sample subjects lived with their mothers, an additional 5 individuals lived with their fathers, both parents or a guardian, making a total of 70% who lived with parent or guardian. The remaining 10 individuals (30%) lived either with a friend (7 people) or alone (3 people).

It would be difficult to say that these findings represent successful outcomes for mentally retarded school leavers. If we look somewhat closer at the job patterns of these individuals, it becomes clear that few would be identified as having established long-term, meaningful careers. Of the 7 women who are not working, a closer look indicates that for most, work has not been a part of their lives for a long time, if ever. Three have never worked, one has had only summer jobs, and 2 haven't worked for 2-2 1/2 years. The work history of one woman is unclear. Of the 3 women working, perhaps one can be considered a meaningful success, having worked for a year and a half as an administrative assistant. The other two working women work at fast-food

restaurants, one for only 6 months, the other unspecified. The situation is similar for the men. Of the 13 not in work or training, 2 have never worked, 5 haven't worked for 2-3 years, 2 haven't worked for a year, 2 for three months or less and for 2 unknown. It is clear that, as a group, they have not established themselves in work careers. Of the 8 workers, half have worked at their jobs for 6 months or less, 1 "on and off" for 3 years, 2 unclear, and the most established in a job, one individual, for 2 years. The work histories of most of the men, thus, appear quite unimpressive - if they haven't worked, they tend not to have worked regularly for a considerable time. If they are working at present, they tend not to have a long history at the job. Again, it must be kept in mind that the representativeness of this sample is unknown. It may be that a higher percent of those not located are working. However, the work record for those individuals who were interviewed in this study is of concern. There appears little evidence of successful careers having been established by the MR individuals followed in this research.

The Allegheny County (AIU) Study: In 1985, a follow-up study was conducted on youth that had completed their educations at one of the seven AIU Special Education Centers in 1980, 1982, and 1984 (Toxey and Fox, 1986). All students who terminated their education through receipt of a diploma, or a certificate of attendance or reaching the maximum age, comprised the target population. If we focus on the mentally retarded students so identified, we find that 241 EMR, 112 TMR and 16 SPMR completed their education in those years. The final sample, which includes those former students who were able to be located and whose parents or guardians returned a mailed questionnaire, was 72 EMR, 57 TMR, and 7 SPMR. The response rate thus was 30% for EMR, 51% for TMR, 44% for SPMR, and 37% for all MR. The discussion of the situation of SPMR youth was limited by their small number. The response rate varied among the different cohorts of MR individuals who left the school system. Only 29% of those in the 1980/81 group responded, 42% of the 1982/83 group, and 41% of the 1984/85 group.

The researchers were exploring the community adjustment of these former students. In a conception somewhat broader than other researchers who tend to focus on employment status, they adopted a model that considered this as having 3 aspects: vocational participation, quality of residential environment, and adequacy of social and interpersonal network. In terms of vocational placement, defined as regular participation in a TAC, WAC, sheltered workshop or current employment, they found 62.1% of TMR youth and 67.6 % of EMR, to have placements. A difference

appears apparent in the type of placements achieved by the two groups of MR, however. The more impaired TMR youth are almost exclusively to be found in supported, noncompetitive settings, involving less than minimum wage. Of the working EMR youth, 2/3 are in nonsupported, competitive settings, 2/3 are working full-time and the same proportion are earning at least minimum wage. It was also noted that almost 1/3 of the TMR and 14% of the EMR, youth have never had a vocational placement.

In terms of residential placement, it was found that most TMR (79%) and EMR (83%) youth live with their parents. 16% of TMR live in group homes or institutions and only 5% alone or with spouse and children. Only 3% of EMR live in group homes or institutions; 14% live alone, with friends, or with spouse and children. The lower percentage of SPMR living with parents, 43%, can be explained by the 67% living in group home or institutions. As indicated in the summary and conclusions section of the report, the researchers appear to regard those individuals who have "made the transition out of their parent's home and into more independent living situations" as having "successful" placements.

Social integration was explored by asking respondent parents to indicate how frequently their handicapped child participated in a variety of social activities: religious services, movies/concerts, parties, attendance at sporting events, group sports and clubs. Three components of social integration/isolation were considered: the number of activities in which a youth participated, the frequency of participation in each activity and an overall cumulative index of social integration based on all six activities.

It was found that most of the youths participate in at least one of the listed activities; only 4% of TMR and 3% of EMR never participate in any of the activities. The constructed index of social integration/isolation revealed a significant difference in the participation rates of working and nonworking EMR youth. Youth with placements are more socially active; youth without placements tend to be more isolated. A similar, although not statistically significant relationship between having a placement and degree of social activity, was found for TMR youth.

The researchers conclude:

> Approximately two-thirds of both EMR and TMR youth have vocational placements and are regularly engaged in social activities. Few of the youth have also made the transition out of their parents home and into more independent living situations. There exist significant

numbers (10% of those surveyed) of EMR and TMR youth that do not have a vocational placement, are socially isolated and are still living with their parents. (ibid)

Based on the information gathered on community integration as they conceptualized it, the researchers conclude that "only 12 percent of youth surveyed have obtained successful community adjustment through transition" as defined by their three-pronged model (ibid). It must be realized however, that the AIU researcher's broader definition of community adaptation make their results appear perhaps more severe than a comparison with other studies would indicate. The 2/3 of EMR and TMR youth that were found to have had vocational placements compares quite favorably with the rates found for other studies. Only the Missouri study with 78% of the EMR sample found to be employed or in training achieved a better placement rate. The nemesis appears to be residential placement, with no study indicating a significant number of MR individuals living independently.

A number of additional findings were also noted which related to vocational services used after school completion. Although almost all TMR youth and many EMR youth are eligible for vocational evaluation services through OVR and MH/MR, only half of TMR youth and 38% of EMR youth utilized these services. TMR are most likely to receive services through MH/MR, EMR through OVR. It is pointed out that "available services are not utilized by more than half of the eligible youth leaving AIU centers" (ibid).

Fewer youth were found to have received post secondary vocational training than have received vocational evaluation. Only 31% of TMR and 37% of EMR received such training. Typically, TMR individuals attended PARC-Way Industries and EMR, Vocational Rehabilitation Center (VRC) for vocational training. A relationship between use of services and current vocational placement was also noted. Although the significance level of this relationship was not reported, it was pointed out that youth that do not now have a vocational placement are less likely to have used services available from local public and private agencies: "More than half of the EMR and TMR currently not working have not used agency services. In addition, youth with placements are also much more likely than youth without placements to have received services from 2 or more agencies." Toxey and Fox conclude that, "this suggests that vocational placements can be positively influenced by agency involvement and individual perseverance"(ibid).

The research further explored factors influencing youth vocational placements. It was found that "Although only half of the TMR youth in the study received vocational evaluation from an outside agency, the group that did receive it is much more likely to have a vocational placement than those who did not receive evaluation ($p=.001$)"(ibid). It was not demonstrated that the TMR youth's enrollment in various programs while in school had an impact on current placement. Looking at parental involvement, measured by membership in an advocacy group, from this viewpoint led the researchers to conclude that TMR youth whose parents were active while they were in school are more likely to have a current vocational placement than are youth with noninvolved parents ($p=.05$). A similar, although nonsignificant relationship was noted between current parental involvement and and vocational placement of TMR youth.

Also for EMR youth, it was found that those who received vocational evaluation were more likely to be working than those who did not. Significance testing is not reported for this relationship. The same relationship of vocational placement with vocational training is asserted, although, again significance testing is not reported. Parental involvement is noted to be "positively, although not significantly related to EMR youths current employment"(ibid). Interestingly, EMR youth were found to be much more likely to be in a supported setting if their parents were involved (6 out of 8 youth working were in a supported setting), than if they were not involved (9 out of 35 youth working were in a supported setting) ($p < .05$).

The researchers conclude that many handicapped youth leave the educational system unprepared to make a successful transition and that the service delivery system is unable to fulfill all their needs. They note that there are not enough positions available in TACs, WACs and sheltered workshops to meet the needs, and that there is a service gap in respect to youth that do not qualify for services from OVR or MH/MR.

IV. Transitional/Vocational Services Within the School Systems

Transition services for handicapped youngsters at the high school level are aimed at preparing the students to successfully bridge the gap between school and adult life. Typically such services entail vocational assessment and training, counseling, and work experience. Depending on the level of disability they might also involve mobility training, work preparation training, and sheltered workshop experience. The Carl Perkins Act (P.L. 98-524) makes provision for handicapped students enrolled in vocational education to receive a number of these services. Under this Act, every handicapped student enrolled in vocational education must be given a vocational assessment. The Pennsylvania Department of Education details the implementation of this act (Pennsylvania Department of Education). According to the PDE, the purpose of the mandated vocational assessment is to insure proper vocational placement, understand the student's needs and abilities in order to help him successfully complete the vocational program, identify appropriate teaching techniques and supplemental support services, identify realistic goals for vocational skills, provide the student with appropriate vocational information and feedback concerning abilities in order to implement a proper transitional plan and suggest appropriate job placement. Section 204c requires that special learning facilitators serve students in vocational programs. Guidance counseling and career development activities are to be conducted by professionally trained counselors associated with the provision of special services. Counselors are required to adapt the curriculum, instruction, equipment and facilities to the needs of the student. Furthermore, according to P.L. 98-524, all handicapped students enrolled in vocational education must receive special transitional counselling services. The Carl Perkins Act stipulates that all handicapped students be made aware of vocational education programs as early as possible, and no later than 9th grade (ibid).

It should be pointed out, however, that under the Act, only those students enrolled in vocational education are mandated to receive the stipulated transitional services. Those students not enrolled in vocational education are precluded from receiving

vocational assessment services funded with disadvantaged or handicap allocations under the Act.

Each of the two IU's in Allegheny County, IU 2 and the AIU, has its own system of provision of vocational and transitional services. The discussion will turn to a description of each of these below.

The Pittsburgh Public Schools (IU 2)

The major provision of transition and vocational education services to the handicapped is through the specially-developed Project Liaison. According to Board of Education policy, EMR students receive vocational training with mainstream students rather than in separate training programs designed for them. TMR receive both academic and vocational training on a segregated basis at the Conroy Education Center. Thus, the responsibility of educating the handicapped is equally shared by the Vocational Education and Exceptional Children's Departments of the Pittsburgh School System. Project Liaison is an outgrowth of this partnership. It is presently in its fifteenth year. (Pittsburgh Public Schools, 1985)

The Educable Mentally Retarded: The lodestone of Project Liaison is the placement of rehabilitation counselors in 10 city high schools to give vocational counseling support to EMR students attending integrated vocational education courses. According to Charles Cohen, Coordinator of the Project, (1974) this is achieved at three stages of a student's vocational development by helping the student choose and enter an appropriate vocational program, by supporting him during the training period and by assisting him to find a job when training is completed. Cohen asserts that before Liaison, although EMR's attending city high schools were eligible to take skill-centered vocational training courses, they did not tend to do so and if they did enroll they often failed miserably (ibid).

During the 1984-1985 school year, Project Liaison consisted of nine vocational rehabilitation counselors, with master's degrees in Vocational Rehabilitation Counseling, serving 10 senior high schools. In addition, there were five vocational and special education teachers to give additional learning counseling support in schools with many mildly handicapped students in vocational programs. In the 1984-85 school year, 137 EMR students were in skill-centered vocational programs (Pittsburgh Public Schools, 1985).

In order to meet its goals, Project Liaison is responsible for three major areas of activity with the student: guidance,

individualized instruction and IEP development. Placement counseling to help students choose appropriate vocational courses as well as general career and job selection is an aspect of counseling. Activities connected with placement counseling include vocational interest testing of all ninth grade EMR students and vocational evaluation done by the Vocational Rehabilitation Center (VCR). Other aspects classified under the rubric of guidance include placement in school related programs such as vocational courses and on-the-job-training (OJT) stations and placement in community related programs such as further training, vocational evaluation or referral to summer jobs and full-time jobs for graduating seniors and dropouts. Individualized instruction refers to services which directly help students learn material and activities in the shops. This includes small group counseling provided by the learning counselor which focuses on breaking down material into shorter, more understandable, units. (This appears to fulfill the requirement of learning facilitation of vocational courses mandated by P.L. 98-524.) The material can include that taught in the shops themselves, or academic skills that are deemed critical for shop success. The final responsibility of Project Liaison is the development of the yearly IEP, mandated for every special education student by the Right to Education legislation. Project Liaison rehabilitation counselors are the coordinators of the IEP conference for most handicapped students, according to the report. In specifying the achievements of Project Liaison, the report notes that in 1971-1972, before Liaison, 37% of those EMR students who were eligible for skill-centered subjects actually signed up for those classes. In the last two years, the percentages have been 67 and 70, respectively (ibid).

EMR students who are not able to function in an integrated vocational education program receive segregated training at Conroy Center. Some fifteen EMR students received training at Conroy in the 1984-85 school year. Many of these students also took academic classes at Conroy (ibid).

The Trainable Mentally Retarded: In September, 1974, the Pittsburgh Schools opened the Conroy Education Center to provide a comprehensive educational program for trainable and profoundly retarded youngsters. The goals of the TMR vocational program are, according to the 1985 report, to prepare workers for sheltered employment and, where possible, competitive employment. With these in mind, a workshop-oriented vocational training program is in operation at Conroy. Four teachers and eight assistant teachers staff the program.

The target population for the vocational programs are students ages 14 through 21. Those aged 19-21 are considered

priority students, and work full-time. Those 16-18 generally work half days. Students between 14 and 16 receive vocational instruction in their homerooms. Students are either in vocational evaluation or vocational training status.

At age 16, workers enter pre-vocational experience in activities of daily living class, work adjustment workshop and mobility training. They then progress through vocational work experiences in 4 areas: trade and industry, business, food service and maintenance. Workers who display skills in particular areas are placed in on-the-job training sites within the center, such as on the school cafeteria, custodial and clerical staffs. The final phase of training is sheltered or competitive employment prior to exit from the public schools. In each of the pre-vocational and vocational areas, workers are exposed to working conditions. When real work is not available, simulated work projects are developed to allow for the continuation of the training process. A token economy system of paying workers is in place in which students are paid less than minimum wage. According to the report, real work contracts are actively solicited (ibid).

The Allegheny Intermediate Unit (AIU)

In discussing the transitional and vocational education service system in the AIU, a distinction must be made between students mainstreamed in local school districts and those attending the 6 special education centers under direct supervision of the AIU. The local school districts appear to have a great deal of autonomy, so that operations carried out within them are not under the jurisdiction of the AIU and may not even be visible to it. The systems the local school districts set up therefore, are of their own making.

Mainstreamed students: The MR students mainstreamed in local school districts are largely EMR plus a few TMR. It is noted that EMR students in the districts participate in vocational programs to a limited degree. Vocational training can be provided to district students either within their school district or in an area Vocational-Technical High School (Vo-Tech). Different school districts have more emphasis on one or the other system. The types of vocational courses offered within district schools vary.

There are 4 Vo-Techs in Allegheny County, each serving a specific geographical area: Steel Center, Parkway West, AW Beattie and Forbes Road. Vo-Techs are placed according to

negotiations between participating school districts. A district may buy into a Vo-Tech along with other participating school districts. Students attend Vo-Techs on a half-day basis, typically for 2 years, in the 11th and 12th grades.

The number of handicapped students at Vo-Tech centers is not great. Each center has about 1,000 students. Of these, 10-13% are estimated to be handicapped in some way. Of the handicapped, 2/3 are learning disabled, and 10% are EMR, which comes out to about 10-13 EMR in each center.

The slots at the Vo-Tech centers are allotted to each school district on a very precise basis. For example, a specific district might have 2 slots in an auto body program, 3 in food service, etc. Accordingly, it appears that assignment to training courses is greatly influenced by the available slots. A screening process reportedly does take place which takes into account math and reading levels, attendance records, guidance counselor's opinion and student's interest. In exploring how it is determined which training course a student would take at a Vo-Tech, it transpired that there is no formal assessment process.

Special education counselors, called learning facilitators provide support for handicapped students attending Vo-Techs, as mandated by the Carl Perkins Act. Learning facilitators work with teachers and students in order to modify the curriculum to a level understood by the student.

It was also pointed out that school districts can set up their own special education programs. If they have the money, they can set up classrooms without any involvement from the AIU. (In fact, situations have reportedly arisen in which 2 special education classes are in a school, one paid for by the school district and one by the AIU, in which the salaries of the teachers vary.)

In exploring the area of transition planning for MR students, it appeared that there is, at present, no systematic plan in force to accomplish this. The IEP, mandated by the Education for All Handicapped Children's Act is done by special education teachers. It is largely an unanswered question, whether and who does transition planning for the mainstreamed students. The guidance counselor in a high school would be the individual who would do transitional planning, were any done. However, the guidance counselors are not trained in special education, and often focus on college-bound students so that transitional planning for MR appears to be only accomplished should a particular counselor have contact with an MR student,

have especial interest in this, or be influenced by a parent's efforts. There is no systematic attempt to assure such planning be accomplished, certainly not for every student.

Students at the Centers: According to the Vocational Program Coordinator, Exceptional Children's Program, AIU, almost every student in the centers is involved in vocational training. This does not refer to SPMR students, who are rarely involved in vocational training. The 6 typical areas of vocational education are: agriculture/grounds maintenance, business/clerical, distributive education - retail trade, health occupations, building/construction, food service, auto body/auto service. A center may also have home economics and industrial arts. The emphases in vocational training vary by center. Mon Valley, for example, is considered to have an excellent vocational program.

TMR students are typically in a Work Activities Center (WAC) from ages 17-21 for half a day. In WACs, work contracts are brought from the community and students are paid. Facilities are licensed by the Department of Labor.

TMRs and EMRs may also participate in in-school work programs. They are student trainees, paid $1/hour and typically work when they are 17 and 18 years old. Work is typically custodial, in the cafeteria, as classroom aid/helper or clerical. Highly functioning EMRs, 17-18 years old, may go out to work. There is a co-op education teacher whose major function is to arrange such placements. The co-op teacher and the guidance counselor may decide where a student should be placed. The classroom teacher may also make a recommendation.

Each special education center has one guidance counselor, except for Sunrise and Eastern Centers, which share a counselor. There are 5 co-op teachers in the system. These are classroom teachers given the responsibility of developing community-based job sites. Transition planning in the special education centers would be done by the guidance counselors. This, however, like the situation with the mainstreamed students, is noted as not being done on a systematic basis.

V. Accessing the Post-High School Service System

This section explores the bridge between the school and post-school worlds. We have discussed the services available to MR students while in school. In a later section, we will discuss those open to them after school. In this section we will explore the meeting of these two service systems - what are the mechanisms by which students move from school to post-school services? How is that transition accomplished?

In formulating this section, a major consideration was in attempting to trace how the bridge between the two systems actually works. Accordingly, rather than being based on written materials (of which there appear to be few or none), it is based on interviews with relevant professionals from the IUs, MH/MR system and OVR system. As such, differences of opinion emerged as to the procedures involved, which mirrored the viewpoint of the relevant professionals. These differences of opinion and interpretation will be included here.

The AIU representative interviewed sees the referral process as one in which the guidance counselor makes the referral to the MH/MR catchment area and to the OVR counselor. The situation is described as one in which MH/MR and OVR have a joint agreement. OVR is reported to have changed its system a few years ago to be more consistent with the MH/MR system, so that now they have the same catchment areas. This AIU representative felt that this meant that OVR now had a better fit with the MH/MR system, but that its fit with the school system is worse. Whereas, previously, an OVR counselor was assigned to a school, presently students have different OVR counselors depending upon where they live. According to this spokeswoman, usually the guidance counselor and the parent get together and agree on a course of action. If the parent doesn't respond, nothing happens. They are finding in the AIU centers, that the linkage between systems is not systematic and that there is a lot of variation depending on the SES of the parents.

According to the MH/MR representative interviewed, the key decision maker as to where MR youngsters are referred after high school is the guidance counselors in the centers and the school districts for the AIU, and the Project Liaison counselors and

guidance counselors for IU 2. In responding to the question of how a student would be steered to a particular program, he indicated that the guidance counselor would make that decision, based on where there were particular openings.

The OVR representative described the referral process as one in which an OVR counselor visits the special schools, centers and vocational centers as early in the school career of the youngsters as possible, at least by the time they are seniors. They try to approach students in their junior year. According to him, they identify all disabled students, working with the guidance counselors and school nurses to accomplish the identification. In a second interview, the OVR representative indicated that a lot depends on the school's guidance counselor, who is responsible for referring the OVR counselor to students. The school guidance counselor identifies the students who should receive on-going adult support services. It used to be that OVR placed counselors in the school system for this purpose, but funding cutbacks have forced OVR to rely on the school guidance counselors instead.

After the guidance counselor identifies the students, he requests parental permission. Once permission is granted, the OVR counselor talks to the students and then visits the family. According to the agency representative, OVR likes to talk directly to the family to avoid any misconceptions about the meeting with the student. The OVR counselor apparently may also make referrals to MH/MR.

The feeling was expressed by representatives from a number of the systems contacted that school counselors exercised too great a degree of discretion as to who should enter adult services. Again, these counselors are not trained in special education, and, particularly in mainstreamed situations, have a wide variety of students with whom to deal, ranging from college-bound to EMR and sometimes TMR. The agency representatives felt that counselors do not necessarily refer all of the MR students who need services. Of course, any individual may access the system on his own, but, given the array of services offered by each agency, such access is often confusing. Many students and their parents may not be aware of services available and appropriate for them.

Effective referral of students leaving school to adult services requires knowledge in a number of areas: thorough knowledge of the student's abilities and interests, and understanding of his parent's motivations and wishes, as the parents will have to approve of, and permit any plan developed. The referral person also must understand the other side of the

equation and possess the knowledge of the systems to which he can refer students - the qualifications necessary, the funding mechanisms involved, the type of training offered - what they require in terms of ability and skill level, the training areas open, etc. For an effective referral, the referring individual must also have the willingness to gain this kind of comprehension of systems and people and the time to do so, plus perhaps the somewhat greater patience and understanding necessary when dealing with mentally retarded individuals and their parents. (Add to that that the present researchers have spent considerable time trying to understand the adult services available, and even with access to spokespeople from each system, have experienced considerable difficulty in understanding the systems - the requirements of each, the funding involved, who is appropriate for what system. Given the paucity of written materials detailing these systems, the difficulty of guidance counselors and even more, parents, thoroughly understanding the options open to a particular youngster becomes clear.)

The two major systems open for services to MR youth once they finish school are the MH/MR system and the OVR system. The MH/MR system cannot include anyone with an IQ over 69. OVR is interested only in those individuals who they feel can make progress toward becoming employed. In order for a student to be referred to one of these systems, someone - guidance counselor, parent, himself - must feel he is appropriate for it. In order to become part of one of these systems, his parent must give permission and the system must accept him, by having an appropriate opening and finding that he meets their guidelines for acceptance. There are clearly many possible slips, many points at which a student leaving the school system may fail to become involved with the next system. He may "fall through the crack" between MH/MR and OVR by having too high an IQ for one, while not being considered sufficiently employable for the other. He may fail to be identified by the guidance counselor. He may have a parent who feels his appropriate role once school is completed is to remain at home and so neither seeks referral, nor permits one when it is suggested by others. (Once compulsory schooling is over, nothing is mandatory - involvement in further services is purely at the discretion of student and parent.) The student himself may be so turned off by school, or otherwise uninterested, that he does not seek any further involvement with the service system, and resists it if it is suggested. Or, he may be referred to a service system and be refused by it, or, if accepted by it, face years-long waiting lists that effectively shut him out of the system.

Before we go on to describe the services available after school, we must realize that the link between the two systems is

such that an undetermined number of students are likely never to become engaged in next systems. This is a point where strengthening is likely to be needed, as well as improvements in both the school and post-school systems. As we will see, some new efforts directed towards strengthening the bridge between systems are being developed locally.

VI. The Post-School Vocational Service Systems

The two vocational service systems that serve the mentally retarded once they complete compulsory schooling are the Mental Health/ Mental Retardation (MH/MR) system and the Office of Vocational Education (OVR) system. Each system deals with those individuals who are identified to it in some way, meet its eligibility requirements, and for whom it can find suitable program openings. It is not clear how many exiting students enter each system each year. It is clear that the two systems do not service all school leavers. Some may find job placements on their own, through the resources used by the general population - friends, want ads, etc. - or enter training that is not specifically slated to the handicapped. Some likely never make it to a service system after leaving school. Potential reasons for this are numerous: they have never been identified by an appropriate referral agent to an after-school system; they, or their parents have resisted such referral; they do not meet the eligibility requirements of either system; they contacted the appropriate system but received no further word from the appropriate caseworker; they remain for a long period on a waiting list to enter a program. This is a point where accurate statistics, presently not collected, could serve to shed light on this phenomenon - how many school leavers are actually served by the vocational service system within a year of their leaving school? How many never reach such systems? How many approach these systems but never get in?

Procedures and responsibilities

The MH/MR and OVR each have specific requirements for eligibility and provinces of responsibility in regard to serving MR youngsters. Each sees its own role, and the role of the opposite system slightly differently. As much of this is not written down, but is rather indicated by the day-to-day operation of the systems, the specific role of each is open to some degree of interpretation. An aspect of the information gathering at this phase, then, was interviewing relevant spokespersons from each system.

OVR sees itself as concerned with individuals who have the potential to become gainfully employed. They distinguish themselves from MH/MR by indicating that they deal with clients in a "progress" status, as opposed to their view of MH/MR as

dealing with clients in a "maintenance" status. In order to qualify for OVR services, an individual must have a handicap to employment, and be judged as having the potential to become gainfully employed as a result of OVR services.

MH/MR, on the other hand, is seen more as a residual service in terms of its MR clients. It accepts everyone with an I.Q. up to 69. It cannot set conditions on who it will take; the school completers with the lowest I.Q. and skill levels would become the province of MH/MR, if they are involved in any service system. According to one observer, some parents, if their child is refused by OVR, will refuse to contact MH/MR because of the greater stigma involved. An MH/MR worker had a different perspective, feeling that if parents are initiating referral, they will more often call MH/MR than OVR as it is the organization more visible to the public.

In exploring the interface between OVR and MH/MR, we asked each organization to describe the situation as they saw it. The OVR representative, said that "it might happen that a particular client would need mental health services before he could start vocational services, and then he would go to MH/MR". He indicated that MH/MR only did vocational training for SPMR. This viewpoint differed substantially from that of the MH/MR representative. He described the two systems as "mirror images of each other in terms of funding: MH/MR puts more vocational money in the MR side of things, OVR in the MH." When asked whether the relationship between programs run by the two systems was that OVR has higher level programs, with more vocational programs, and MH/MR programs for lower level with less vocational emphasis, the answer was that that was generally true but that there was a lot of overlap and parallel programs.

OVR offers the following services to the mentally retarded: diagnosis; vocational counselling and guidance; restoration services to minimize the effect of the handicapping condition on ability to work; job training through vocational and technical schools, universities on-the-job-training, or rehabilitation workshops; job placement; post-employment services to aid in job adjustment; and independent living services that help individuals pursue self-sufficiency and thereby be capable of reaching vocational goals. OVR charges for services based on a financial needs assessment. For example, individuals with incomes under $15,000 are not charged. Those with incomes between $15,000 and $19,999 are charged $60 per year. The amount charged increases with salary. These rates may, apparently, have to be raised in light of funding cuts.

The system was described as involving OVR paying for vocational evaluation, whatever the program, whether run by VRC, PARC-Way Industries, etc. The very low functioning, judged to have little vocational potential, become the responsibility of MH/MR. According to an MH/MR worker, schools refer students to OVR who are likely to fit in a sheltered workshop or a Work Activities Center (WAC). Students who are very low functioning , and are most appropriate for a therapeutic activity center (TAC) are not referred to OVR.

Apparently changes in procedures have recently been experienced due to funding cutbacks. MH/MR now provides services to clients that would have obtained services from OVR in the past. OVR is described as previously funding at least the assessment phase for the more severely retarded. If they didn't make progress, then OVR would send them back to MH/MR. However, according to an MH/MR staff member, now OVR won't even fund the assessment phase due to cutbacks. Instead, they conduct an initial interview with the proposed clients to determine whether an assessment should be made.

OVR subcontracts out all its training. Placement from programs is also mostly subcontracted out to the training programs themselves, although OVR does have 4 placement counselors of its own. OVR places students on a waiting list and funds them for an evaluation. The actual evaluations are subcontracted out to various sheltered workshops and work activity centers. Evaluations take 6-8 weeks and are funded in full by OVR. Once a student plans on using OVR services, he will receive vocational direction counseling. The counselor gets to know the client and the client receives vocational testing. If the individual is uncertain about the employment opportunities that he would enjoy, OVR may send him to VRC or Goodwill for work sampling. OVR will attempt to place the student in a job or training. The case is considered closed 60 days after a student is placed in a job. In responding to the question of the length of time MR clients spent in OVR programs, the OVR representative said that these were generally short-term programs with the longest period about a year. Answering the question about numbers of cases that were closed without having successful placements, he said that there were such instances, in which clients were uninterested in being placed, were unemployable, or wound up back in the MH/MR system.

According to the OVR representative, OVR is concerned with job placement. As long as someone was making progress toward a vocational situation in a sheltered workshop, OVR would pay for him. If, however, the situation was one of maintaining the

client in a sheltered workshop, responsibility for funding reverted to MH/MR.

There are ten catchment areas operated by the Allegheny County MH/MR; each serves a specific geographic area within the county. Clients are charged on a pro-rated basis similar to that of OVR.

Vocational training programs

MH/MR and OVR appear to be, in regards to vocational training programs, basically payment mechanisms. The actual training is carried out at numerous institutions and workshops around the county. Both service systems pay for slots in these programs. From the discussions from representatives of the systems, it appears that certain programs are more suited to OVR clients, some to MH/MR, and in some, a mix of clients from both systems might be found.

It has been difficult to get a formal listing of the different levels of programs available for MH/MR and OVR clients. Reference to available documents and word of mouth usage of terms indicates four major levels of vocational programs used by mentally retarded adults. These are (from lowest to highest functioning level) therapeutic activities center (TAC, also referred to as adult day care), Work Activities Center (WAC), sheltered workshop, and competitive employment. Each of these will be described below.

TACs are the programs which the more severely retarded would attend. A description of a TAC program run by one of the MH/MR catchment areas indicates it is a "day program that provides a range of daily learning activities that promote integration into the community. TAC programs should facilitate development and maintenance of independence in skills and interests at home, at work and the community. For some persons the TAC program is transitional, enabling them to develop the skills needed to progress to higher-level programs, such as sheltered workshops. For others, TAC may be more long term, with on-going training and maintenance of established skills to permit the client to lead the most normal life possible in the community". An additional purpose of the program "is to provide a period of respite to family members to reduce their responsibilities and to permit them time for employment outside of their homes" (Turtle Creek MH/MR, Inc.).

According to an MH/MR worker, right now there is a real backlog in waiting lists for TACs. There is not a wide choice in

this area. There are a limited number of TACs and the client must usually attend the one closest to his residence due to transportation problems. Furthermore, when a client is ready to move to a new level of training, such as WAC, he may have to remain in the TAC until a space opens up.

WACs serve handicapped persons in a sheltered environment with the primary objective of providing developmental activities. The program focuses on work and utilizes both remunerative and behavioral/therapeutic techniques to enable clients to attain sufficient skills to progress to higher level programs. According to the Pennsylvania Office of Mental Retardation, persons with mental retardation who are presently receiving WAC services in the state are generally adults with very limited work-related skills. WAC clients exhibit some potential for work but are only currently capable of performing work at a production or hourly level below the 50% norm required for participation in a sheltered workshop. The WAC program focuses on work and utilizes both remunerative work and behavioral/therapeutic techniques. Its stated aim is to enable individuals to attain sufficient vocational, personal, social and independent living skills to progress to higher level rehabilitation programs such as sheltered workshops (Office of Mental Retardation, 1983). Labor laws permit WACs and sheltered workshops to employ individuals at less than minimum wage.

The sheltered workshop is designed to enable the client to move out of the rehabilitative facility into competitive employment or higher level programs such as on-the-job-training, transitional employment, work stations in industry or other similar programs. The sheltered workshop uses remunerative work as the primary training medium and focuses on the development of work skills and worker traits necessary for employment.

Persons with mental retardation who are presently receiving training in sheltered workshops are generally adults with sufficient personal, social and work related skills to produce at a rate which is 50% or more of the production or hourly standard of nonhandicapped workers. Exit from the sheltered workshop program may occur when the client has acquired the personal, social and work-related skills required for placement in a competitive job or a higher level training program (ibid).

Some of the major sheltered workshops in the County include PARC-Way, Easter Seals, VRC and Goodwill. Easter Seals also has a WAC program. Generally these workshops obtain contracts from business and industry. Easter Seals and PARC-Way Industries were both pointed out as being examples of successful sheltered workshop programs. Easter Seals makes desk calendars for

government agencies. PARC-Way Industries has five sheltered workshop locations. PARC-Way trains, employs, and places retarded adults in numerous fields ranging from computer hardware manufacturing and micrographics technicians to assembly of wooden pallets. According to ARC's Annual Report, (PARC-Way is the vocational services division of ARC) enrollment was 235 in 1984-85, as compared with 229 in 1983-84, but waiting lists grew, in that one year from 51 to 81. According to an OVR representative, once an individual is employed at PARC-Way, he may remain there indefinitely.

There are a number of additional training and work programs in Allegheny County. Mobile work forces, supported by OVR, are groups of mentally retarded individuals that are pretrained to go out and work in the community. For example, a group of individuals might be trained in janitorial skills so that they can contract out to private businesses for cleaning . According to the OVR representative, most workforce programs in Allegheny County involve training for janitorial work. Also, CCAC is increasingly training mentally retarded workers. It has three such training programs; attendant care, janitorial and food service.

Problems with the existing vocational training structure

Major problems with the existing structure focus on two points, entry and exit. Limitations in the numbers of openings at different levels make it difficult to get into particular programs, and difficult to move up to more advanced levels once an individual is in a program.

At present, in Allegheny County, waiting lists for services are a problem. Right now, according to the OVR representative, all of the sheltered workshops are full. We obtained the waiting lists that existed during the summer of 1985. Waiting lists tend to be highest in the summer due to the number of students completing high school. The list was as follows:

TYPE OF PROGRAM	NUMBER ON LIST
Sheltered Workshop:	
Mon Yough	30
PARC-Way Industries	78
VRC	23(estimate)
Easter Seals	16
Goodwill Industries	53
TOTAL	200
WAC:	
Easter Seals	13
TAC:	
St. Francis	0
Chartiers	5
Northern	5
Allegheny Valley	6
Staunton Clinic	12
Turtle Creek	3
TOTAL	31

The greater numbers of individuals waiting for entry into sheltered workshops than other programs bears out an observation made by an MH/MR representative who indicated that slots in higher-level programs were the ones most lacking in the system. It was pointed out by a different MH/MR staff person that, although waiting lists for TACs were not as large, many already in TAC programs were waiting to move to higher levels.

Waiting lists for vocational evaluation and other OVR services are also a problem at present. According to the District Administrator, OVR, waiting lists were not a problem for OVR until the last few months. A caseworker at an MH/MR catchment area office indicated that waiting lists have also become a problem for MH/MR. If an MH/MR caseworker wanted to refer a mildly handicapped student to OVR for a vocational evaluation at this time, that student would have to wait until fall because OVR is out of funds. The moderate or more severely retarded are described as possibly having to wait two years or more.

Another major problem with current services is movement from lower into higher level programs. The Pennsylvania Department of Public Welfare, Office of Mental Retardation, Position Paper on Adult Day Services for Persons with Mental Retardation (10/15/83) details the problem, both nation-wide and state-wide. One of the weaknesses identified in the system is that current regulations do not require outcome or client impact results:

> OMR views adult day care as a service which should prepare clients for a higher level of programming, yet current regulations do not even allude to the issue of expected outcomes for clients as a result of participation in the program. As a consequence, without appropriate standards, many Adult Day Care Programs do not provide the types of services which would facilitate the acquisition of the types of skills adults with mental retardation need to progress to a higher level of programming.

That is, because movement from the program is not even measured, it does not become a planning goal for services.

Weaknesses in regard to WACs and sheltered workshops focus mainly on the small degree of movement of clients into higher level programs because: 1) clients are not prepared for movement, 2) there is no place for the client to go after appropriate training has been received and 3) there is a lack of incentives to encourage providers to achieve a greater degree of client movement. The statistics on movement from WAC programs make a very clear point. On a national basis, 7.4% of the clients enrolled in WAC programs progressed to competitive employment status, while 3% moved from the WAC to a sheltered employment program during 1979. The national data indicate that the average stay of a client in a WAC program was 10 years. Data for Pennsylvania indicate an even lower degree of movement, with less than 1% of the adults with mental retardation enrolled in WAC programs in 1981-82 moving to competitive employment, and 2% progressing to sheltered workshop programs (ibid).

National data on movement from sheltered workshops to competitive employment indicate 11% so moving in 1979. State of Pennsylvania data reflect that 7% of clients being trained in sheltered workshops moved to competitive employment status during fiscal year 1981-82 (ibid).

VII. New Local Developments

A number of new developments in terms of local services to mentally retarded youngsters in transition have been noted. They reflect the present federal, state and local concern with the situation of these individuals. These new developments are aimed at improving the transition from school to adult life and, as a result, the eventual status of these youngsters.

Interagency Cooperation

Interagency cooperation may be defined as: a coordinated effort across agencies such as public schools, rehabilitation services, adult day programs and vocational-technical training centers to ensure the delivery of appropriate, unduplicated services to each handicapped student. The federal government has taken a leading role in encouraging improved interagency efforts. Legislative mandates promote agency cooperation to conserve resources and reduce inefficiency. The U.S. Commissioner of Education and the Commissioner of the Rehabilitation Services Administration have issued several memoranda concerning these issues. In October, 1977, state school officers and state directors of vocational rehabilitation agencies were encouraged to examine collaborative efforts between education and vocational rehabilitation agencies. A joint memoranda by the Commissioners in 1978 encouraged school and vocational agencies to develop formal cooperative agreements among special education, vocational rehabilitation and vocational education (Albright et al, 1981). The Office of Special Education and Rehabilitative Services (OSERS) has established the improvement of the transition of school to working life as a national priority (Will, 1984).

The Carl D. Perkins Vocational Education Act (P.L. 98-524) continues federal assistance for vocational education through fiscal 1989. Section 204 of that Act states that "vocational education planning for handicapped individuals will be coordinated between appropriate representatives of vocational education and special education."

The State: On February 1, 1985, an interagency cooperative agreement was signed between the Pennsylvania Department of

Education (Bureau of Special Education, Bureau of Basic Education Support Services), and the Department of Labor and Industry (Office of Vocational Rehabilitation). The purpose of this agreement was to promote interagency coordination by enabling state and local agencies serving handicapped students to establish working relationships to increase the efficiency and effectiveness of transitional vocational services. Under the agreement, each Office of Vocational Rehabilitation (OVR) district office is required to have an interagency agreement with each IU, member school district and vocational-technical school within the OVR district. The IU's are given the responsibility of initiating, developing and updating local agreements. As OVR offices have different geographical boundaries from those of the IU's, most OVR are required to sign or review an agreement with more than one IU. It is noted that agencies other than rehabilitation and education agencies, such as MH/MR, are not required to be included in these interagency agreements, although they may be at the discretion of local IU's. The following may be invited to planning meetings at the discretion of the local IU: parents, representatives of advocacy groups, business representatives and MH/MR representatives.

In March, 1986, the State held a meeting of Special Education directors, which district administrators of OVR attended, which was directed at how to implement transition and interagency cooperation. The state mandates that formal agreements must be in place by December, 1986, with the local level doing the implementation. Within Allegheny County a series of May meetings was scheduled, for which IU's were to act as coordinating agencies. These meetings are aimed at developing interagency agreements, discussing the needs of students and determining who will be responsible for which aspects. It was pointed out that, although mandated, no money has been allocated to the effort to develop interagency agreements.

Also in Allegheny County, there have been collaborative rehabilitative programs developed on a cost-sharing basis between OVR and MH/MR. Since 1983, about 40 such industry-integrated projects were jointly funded. Spokesmen at the local offices of each agency indicate that they are making progress in coordination efforts. They indicate the greatest barrier at present to improvement in transition services to be the federal cutbacks under Gramm-Rudman. OVR, especially, has experienced extreme funding problems as a result of the cutbacks.

The Individual Transition Services Plan

The Allegheny Intermediate Unit, together with the Pittsburgh Office of Vocational Rehabilitation and the Allegheny County Mental/Mental Retardation Program, recently wrote a proposal for a pilot program to provide special education students with Individual Transition Services Plans (ITSP) (Bernard et al). The goal of the ITSP is to provide students exiting the public education system with the rehabilitation, vocational training and habilitation services they will need to live and work in their communities. The target population for the proposed project is handicapped students completing their high school programs at eight sites in the county. The sites include the AIU special education schools, one area vocational-technical school, and one district high school. The target population includes students with a number of handicapping conditions, including EMR and TMR, who will be graduating in June, 1987.

The project calls for an ITSP to be developed for each projected graduate. According to the concept paper describing this project, the ITSP is to include "a comprehensive assessment of the cognitive (I.Q.), educational and psychological development of each student together with a summative history of the individual's education, skill training and vocational preparation. In addition, the ITSP will prescribe the specific resources and services the individual will need to meet identified rehabilitation, vocational and habilitation goals in his/her adult life" (ibid). As described, the ITSP will be developed over an 18 month period in a systematic process involving the student, parent/guardian, classroom teacher, guidance counselor, and agency services providers. The paper describes the proposed ITSP as "an operational blueprint for successful adjustment in the community at large" (ibid).

According to the concept paper, the procedure for the field test involves the guidance counselors at the sites identifying target students and obtaining parental permission to share student information with staff of OVR and MH/MR. The guidance counselor is to schedule a series of meetings of school personnel and service agency staff to discuss ITSP development for target students at each site. Each meeting will include a special education teacher, a vocational or work activity center teacher, cooperative education teacher (if the student is working), and intake counselors from OVR and MH/MR. Preliminary information for each student's ITSP will be collected at these meetings. The guidance counselor will schedule appointments with parents and guardians to review the preliminary ITSP.

An important aspect of the proposed project is the active participation of parents in developing appropriate transitional

plans. Plans call for parents to be contacted twice by the school counselor during the student's junior year. The first contact will be a letter requesting written permission to release student information to area service providers. The second contact will be a personal interview with the parent or guardian to discuss the preliminary ITSP. During the student's senior year, parents will be invited to attend a series of meeting held to publicize transitional services available to their children. Both school and service agency personnel will be available for consultation with parents at these meetings. Each parent or guardian is also to receive a Transition Services Development Kit which will define issues involved, present a compendium of community services available, and suggest activities and strategies for parent participation (ibid).

At present, the concept paper, which originally called for field testing to begin January 1, 1986, has been developed into a proposal and submitted to OSERS. According to the AIU, they will not be hearing about the results of that submission for awhile.

The development of ITSPs would certainly appear to be a major step to make the current system of transition a more systematic one. By giving parents the opportunity to be more informed about services available to their children, by mandating the involvement of personnel from both the school and agency service systems, and by specifying that each handicapped student have an ITSP developed for him or her (mandated as is the current IEP), this program would appear to go a long way towards improving the current haphazard procedures involved in post-school planning. With such efforts achieved, the pressure might well be put on the next points in the system, to ensure that enough appropriate places, without long waiting lists, be available to the increased number of eligible students who would be approaching the vocational training agencies, and later, seeking employment.

Parent Training

The AIU has been interested in developing a parent training manual that focuses on handicapped youngsters in transition. Apparently, parent training was an approach used successfully in educating parents about the provisions of the 1975 Education of Handicapped Children Act, and their rights under that legislation. The present effort is to train parents as case managers of their children's careers, following the model developed at the University of Washington. According to material from that source, the Parents as Case Managers Workshop was "developed to help train parents to take an active role in

planning for the transition between high school and adult life. Through the workshop, parents will learn of residential, training and employment options in their local area, and will be encouraged to develop action plans" (Child Development and Mental Retardation Center). The feeling is that with parents becoming knowledgeable, active participants in developing career and residential plans for their children, the children will stand a better chance of making use of available facilities to create a better future for themselves.

According to Gladys Fox, Vocational Program Coordinator, Exceptional Children's Program, AIU, at this time the Pennsylvania Department of Education has given money to begin developing a parent training manual. The first step is described as involving a committee of ten people - parents and professionals - meeting to discuss what is needed in a parent training manual on transition. Expected to be included is information on legislative material pertaining to transition. The next step is viewed as being the hiring of people to develop and write material. The AIU then hopes to publish the manual.

Supported Employment

(Note: The discussion of general concepts of supported employment is drawn from a Special Issue on Perspectives on Supported Employment, presented jointly by the Rehabilitation Research and Training Center at Virginia Commonwealth University and the Specialized Training Program at the University of Oregon.)

Supported employment is a new approach to providing vocational services for disabled persons which is beginning to receive considerable national attention. Federal initiatives through the Developmental Disabilities Act of 1984 and the Office of Special Education and Rehabilitative Services (OSERS), have paved the way for the development of programs offering supported employment. Supported employment is defined as paid employment for persons with developmental disabilities for whom competitive employment at or above minimum wage is unlikely and who, because of their disabilities, need ongoing support to perform their work. Support is provided through activities such as training, supervision and transportation.

Perhaps the key defining factor in supported employment is that it is a type of employment, not a method of employment preparation, nor a type of service activity. It involves a combination of placement on the job, job training, and ongoing support services. The focus is on providing the ongoing support

services required to get and keep a job rather than on getting a person ready for a job sometime in the future. Emphasis is on creating opportunities to work rather than just providing services to develop skills.

An important aspect of supported work is that people who are severely disabled are not excluded. The assumption is that all persons, regardless of the degree of their disability, have the capacity to undertake supported employment if appropriate, ongoing support services can be provided. The concept, developed as an alternative to day activity programs for moderate to severely retarded persons, was pioneered in Oregon, Washington and Virginia.

In Pennsylvania, the supported employment approach has been focused on severely handicapped persons. As a way of exploring new approaches to providing vocational services to such individuals, the Pennsylvania OVR established a supported employment task force in early 1985. The purpose of this task force was to determine how the state should address and modify this innovative service/employment approach to severely handicapped persons and to develop a plan to implement statewide employment demonstration projects. According to the concept paper, by testing and evaluating the demonstration projects, the Commonwealth will have the opportunity to formulate a set of guidelines for statewide implementation of supported employment for the severely handicapped (Pennsylvania Supported Employment Task Force).

Six criteria necessary for supported employment in the state were set forth: 1) Real work in a real place - the individual must be placed in competitive employment, performing tasks non-handicapped employees perform, with the same expectation to be productive that applies to non-handicapped workers. It must not be "make work" or charity. 2) Training on the job site - Instead of the traditional process of training followed by placement, the individual must receive placement and training together. The traditional concept of job readiness does not apply. 3) Substantial pay - the individual must receive wages commensurate with those paid to non-handicapped workers for the same or similar work. Wages paid must be sufficient to provide the handicapped individual with dignity and self-respect as an employee and as a valued member of the community. 4) Long-term support services - the individual must receive assistance for whatever period of time is needed to continue in employment. 5) Industry/business integrated - the individual must be placed in employment which is physically and socially integrated. 6) Coordination of local service system resources - the individual must receive services which are coordinated and tailored to his/her specific needs and handicaps. The services

needed may include job and social skills training, money management, transportation, resolution of family concerns, help with other issues affecting employment. 7) Consumer and advocate information - individuals who are potential employees and in need of services, together with their families, friends and/or advocates must be given a significant role in the development of local models (ibid). Developing a project that meets these provisions can be seen to be a significant challenge to program planners and job developers.

Allegheny County was selected as one of five sites for demonstration projects in supported employment by the Pennsylvania Task Force. Accordingly, a Task Force for the Development of a Western Pennsylvania Supported Employment Program has been meeting. It is composed of representatives from OVR, MH/MR, the IUs, business, government, and rehabilitation/vocational training programs. According to the district administrator of OVR, Allegheny County has been funded to begin a pilot project on July 1st. It is a one-year project, with a promise from the State of a second year. The project is to serve 20 clients with severe handicaps of different types. Five job coaches will be involved, who will work on a one-on-one basis with the new employees. They will assume primary responsibility for training, advocacy and case management. According to the proposal, "these functions will include but not be limited to the management of finances, health care and maintenance, home management and personal management and interactions with the family, social service system and social network(s)" (Supported Employment Task Force of Allegheny County).

Clients of the project are to be individuals who could not successfully be placed through the traditional system. There are guidelines from OVR as to the percent of total monies to be spent on people with different types of disabilities and from different age groups. Nineteen percent of the project expenditures are allotted to the mentally retarded and an additional 19% is allotted to serving special education students leaving the education system; individuals in transition. Additional clients will be individuals who have been in the rehabilitation system for a substantial time without being placed, or who have left the system. At present, the project has hired a director who is to begin June 1 and is looking for office space. The project is to begin July 1, 1986 (ibid).

VIII. Summary

The children whose parents fought so hard for the passage of the Education of All Handicapped Children Act have come of age. Having lived at home and attended local schools in greater numbers than their predecessors, they are now ready for the next steps that will enable them to take their place in the adult world. Whether or not there exist mechanisms for them to take these next steps, both in adequate numbers and of sufficient quality, is an issue of national concern.

Concern as to the service systems available to mentally retarded youngsters at the local level has been expressed. In order to meet the needs of this cohort of youngsters with rising expectations, it is likely that existing systems - school, as well as vocational training and placement - will need to expand their horizons. The current climate of retrenchment is hardly likely to encourage such expansion without specific provision. This paper has been a study of the local systems that impinge on these youngsters; a gathering together of information that allows us to present the status quo, perhaps as a background to proposals for new developments. We have attempted to present a picture of the school systems, the provisions for interfacing with the post-school systems, and the post-school vocational training systems. We have also described the existing knowledge of numbers, placement and follow-up of students who have left the local systems, and new local developments in transition services for these youngsters. This chapter is a summary of the information presented in the body of the paper.

The Local School Systems

Allegheny County is served by two of the Commonwealth's Intermediate Units. IU 2 serves the Pittsburgh School Systems, IU 3 serves the 42 suburban school districts and is also referred to as the Allegheny Intermediate Unit, or the AIU. Each of these systems treats the mentally retarded somewhat differently. IU 2 emphasizes mainstreaming. All EMR students and a small number of TMR students are mainstreamed in neighborhood schools. The more severely handicapped students - the majority of the TMR and all SPMR - attend the Conroy Education Center, a special school for the mentally retarded. The AIU, traditionally emphasizing

special education centers, has maintained that emphasis with 73% of MR students attending its six special education centers. A third of EMR students and 5% of TMR, are mainstreamed in local school districts. Mainstreaming of MR students in both systems involves youngsters taking non-academic subjects with their non-handicapped peers, while academic subjects are studied in segregated groups.

There are, at present, 1170 MR students in the city system and 2301 in that of the AIU. In both systems, about 80% of students are classified EMR, 15% TMR and 5% SPMR. There are 751 MR students aged 18-21 in Allegheny County, 273 in the city schools and 478 from the suburbs. Of this oldest group of students, a higher percent are more severely impaired, with a third of this group either TMR (24%) or SPMR (9%). This is likely due to the fact that EMR students tend to leave the system at age 18, so that 19-21 year olds that remain in the school systems are largely the more impaired.

If we focus on students leaving the system each year, we find that, in the Pittsburgh School System, about 65-100 mainstreamed students have graduated annually in the past 4 years, between about 30-60 have dropped out each year and, approximately 25 students have graduated from Conroy annually. This makes a range of between approximately 120 and 185 MR students exiting the Pittsburgh Public School system annually. The numbers leaving the AIU system are more difficult to approximate, as these statistics do not appear to have been collected. We do know from the sampling frame of the recent study following AIU special education center graduates, that 143, 118, and 108 MR students are estimated to have left these centers in 1980, 1982, and 1984 respectively. We also know that about 40 EMR youngsters graduated from district school systems in the AIU in 1985. The number of drop-outs is unknown.

If we assume that from 25-40% of each year's student class are drop-outs, we get a range of 200-300 MR students leaving the AIU system each year. It must be realized that, in the light of the paucity of statistics on which it is based, this range must be considered a guesstimate with questionable validity. It can, however, provide us with a sense of the upper range. It is unlikely that more than a total of 500 MR students are leaving Allegheny County's IU's each year. It should be pointed out that the state tracking system, approximating the numbers of MR students graduating or receiving certificates of completion in June 1985 (this would not include drop-outs) indicated 91 students from IU 2 (67 EMR and 24 TMR and SPMR) and 91 students from the AIU (75 EMR, 10 TMR and 6 SPMR). This approximation, which relates to a month before the tracking system was in place,

appears too low in regard to the AIU, given the numbers of 18-21 year olds in the system.

In terms of the placements that are recommended for MR students leaving the system, information is only available from the Pittsburgh School System which has liaison counselors complete forms on students graduating, and which follows-up these students 6 months after graduation. In recent years, the most frequent recommendation for EMR students has tended to be further training, followed by vocational evaluation and then, jobs. A significant number also have no placement recommended. The two years for which we have follow-up information tend to indicate fewer graduates in training and military service than had been recommended; to a lesser extent, fewer in jobs and vocational training; and more in the none category six months after graduation. A third to a half of EMR dropouts in recent years have had no placement after leaving school. Those who are placed tended to be recommended for further training. Conroy graduates - MR and SPMR students - have tended to be recommended for TAC programs, sheltered workshops and then WAC programs in recent years. The six-month follow-up of 1982 and 1983 Conroy graduates found them primarily in TACs, WACs, sheltered workshops or with no placements.

Follow-up Studies

Two local follow-up studies have recently been carried out, one by each of the IU's in the County. As have been found with other studies in this subject area, a number of sampling problems were experienced. The first was difficulty locating students who had left the school system years before, and the second was obtaining responses from those students located. The IU 2 study of 33 mainstreamed EMR school leavers had a response rate of 51%. The IU 3 study of EMR, TMR and SPMR graduates of special education centers had an overall response rate for MR respondents of 37%, which broke down to 30% for EMR, 51% for TMR and 44% for SPMR. The sample sizes for the IU 3 study were 71 EMR, 57 TMR, and 7 SPMR. The limited samples of these studies, coupled with the fact that the bias in the samples are not known, means that results must be considered with some caution.

The IU 2 sample was selected from mainstreamed EMR students enrolled as 9th graders in the 1978-79 school year. Thirty-nine percent of the sample was found to be either employed, in training, in a sheltered workshop or in school. Fifty-eight percent was engaged in no activity at the time of interview. Seventy percent lived with a parent or guardian. When work patterns were looked at more closely, it appeared that few school leavers had successfully established themselves in careers.

Those not working when interviewed tended not to have worked regularly for a considerable time; those working, tended not to have had a long history at the job.

The AIU study sampled youth that had completed their education at one of the Special Education Centers in 1980, 1982 and 1984. The researchers found 62% of TMR youth, and 68% of EMR youth to have a vocational placement at time of interview. (SPMR youth were not discussed because of their small number.) Vocational placement was defined as regular participation in a TAC, WAC, sheltered workshop or current employment. Working TMR youth were found primarily in supported, noncompetitive settings earning less than minimum wage. In contrast, the majority of working EMR youth were found in nonsupported, competitive settings, earning at least minimum wage. Most of the respondents were found to be living with their parents; 79% of the TMR and 83% of the EMR. More than half of the youth were found not to have used vocational services available after high school. A positive relationship between use of services and vocational placement was asserted for both groups.

The AIU researchers focused on three aspects of community adjustment; vocational participation, quality of residential environment and adequacy of social and interpersonal network. Finding that 2/3 of both EMR and TMR youth had vocational placements and were regularly engaged in social activities, the researchers confronted the stumbling block of the approximately 80% of respondents living with their parents. Apparently considering living with parents to be, by its very nature, a residential environment of insufficient quality, the researchers conclude that "only 12 percent of youth surveyed have obtained successful community adjustment through transition". Ten percent of youth surveyed were found not to have a vocational placement, to be socially isolated and to be still living with parents.

It may be of interest to compare the local findings in regards to vocational placement after school, with findings from other studies. If we first look at vocational placements of EMR students, we find that the Washington State Study found a rate of 43%, The University of Vermont 47%, and the St. Louis County, Missouri, 78%. These findings can be compared with IU 2 study's finding of 39% of EMR in placements, and with the AIU finding of 68% of EMR placed. The more severely impaired were found, in the Washington State study, to have a placement rate of 39%. The University of Vermont found a rate of only 14%. These can be compared with the AIU's placement rate for TMR of 62%.

Transitional/Vocational Services Within the School Systems

Transition services for handicapped youngsters at the high school level are aimed at preparing the students to bridge the gap between school and adult life. They typically involve vocational assessment and training, counseling and work experience. The Carl Perkins Act (P.L. 98-524) makes provision for handicapped students enrolled in vocational education. Among other things, it stipulates that all handicapped students enrolled in vocation education must receive special transitional counseling services and that special learning facilitators be available to serve these students.

Each of the local intermediate units has its own system for the provision of vocational and transitional services. In the Pittsburgh Public Schools, IU 2, the major vehicle for this is Project Liaison. This project, developed by the Vocational Education and Exceptional Children's Departments of the school system, involves placing rehabilitation counselors in city schools to give vocational counseling to mainstreamed EMR students. These students attend vocation education courses with non-handicapped peers. The nine vocational rehabilitation counselors, with masters degrees in their field, serve 10 senior high schools. Their function includes helping students choose and enter appropriate vocational programs, supporting them during the training period and assisting them to find jobs when training is completed. Many tasks are involved in carrying out these functions, such as vocational interest testing, referral to summer jobs, individualized instruction, and the development of the Individualized Education Program (IEP) which is mandated for every special education student. Prior to Project Liaison, it was noted, although EMRs in city schools were eligible for skill-centered vocational training, they did not tend to do so and they often failed if they did enroll. In the 1984-85 school year 70% of eligible EMR students were reported to be signed up for skill-centered vocational subjects.

The more impaired MR students in the city system, TMR and SPMR, receive vocational training at their school, Conroy Education Center. Some EMR students who are not able to function in an integrated vocational program also receive training at Conroy. The vocational program at Conroy is targeted to students aged 14-21. Those between 14 and 16 receive vocational instruction in their homerooms, and are either in vocational evaluation or vocational training status. At age 16, workers enter pre-vocational experience in activities of daily living class, work adjustment workshop and mobility training. They then progress through vocational work experiences in such area as food

service, maintenance or business. They may be placed in on-the-job training within the Center. Those 16-18 generally work half-days. Students aged 19-21 are considered priority students in terms of vocational training and work full-time. They are involved in sheltered or competitive employment prior to exit from school. A token economy system is used, with students receiving less than minimum wage, and real work contracts being solicited.

In discussing the AIU system of vocational and transitional services, a distinction must be made between students in local school districts and those in one of the six special education centers. The majority of 18-21 year olds, 73%, attend the special centers. Mainstreamed in local school districts at this time are 28% of the EMRs aged 18-21 and 5% of the TMRs. EMRs in the districts are noted to participate in vocational programs only to a limited degree. They can receive vocational education either within their school district or in an area Vo-Tech. There are 4 Vo-techs in the County, each of which serve a specific geographical area. It is estimated that only about 10-13 EMRs attend each Vo-tech. Special education counselors, called learning facilitators, work with handicapped students and their teachers at the Vo-techs to modify the curriculum to an understandable level.

There is, apparently, no provision for systematic transition planning for all mainstreamed EMR students. Any such planning would be done by the high school guidance counselors, who, it has been observed, tend to focus on college-bound students and are not trained in special education.

Apart from SPMR individuals, almost every student at the AIU's special education centers is involved in vocational training. Programs are offered in areas such as grounds maintenance, retail trade, food service and auto service. TMR students aged 17-21 are typically in WACs half a day. Work contracts are brought from the community into WACs and students are paid. TMRs and EMRs may also participate in in-school work programs when they are 17 and 18 years old, in the cafeteria, as classroom or clerical aids or as custodians. Highly functioning EMRs 17-18 years old, may go out to work. A co-op education teacher is responsible for arranging such placements. Each special education center has one guidance counselor, except for two centers which share a counselor. Transition planning in the centers would be done by the guidance counselor. As with the situation of the mainstreamed students, transition planning for center students is noted as not being done on a systematic basis.

Accessing the Post-High School Service System

The two major service systems serving MR school leavers are the MH/MR system and the OVR system. In order to become involved with either system, the student must be referred by someone. This could conceivably be him/herself, or an informed parent, but more typically will involve the school system making a referral. According to MH/MR and OVR representatives, the guidance counselors in the school districts and the special education centers of the AIU, and the Project Liaison counselors and guidance counselors of IU 2, are the key decision makers in respect to referral. The system as described involves OVR counselors visiting schools, centers and vocational centers and working with the guidance counselors to identify appropriate candidates for the OVR system. It was noted that OVR used to place counselors in the school system for this purpose, but cutbacks have forced the system to rely on school guidance counselors. Some concern was expressed with this revised system. The feeling was that too much discretion as to who should enter adult services was exercised by school counselors. Agency representatives felt that counselors do not necessarily refer all of the MR students who need services.

Parents must grant permission for their child to be identified to OVR and must agree with any service plan developed. Since a few years ago, MH/MR and OVR have had the same catchment areas, which enables these systems to fit well together. However, this has been described as worsening OVR's fit with the school systems, with students having different OVR counselors depending on where they live, rather than having one counselor assigned to a school.

The Post-School Vocational Services Systems

MH/MR and OVR each have a specific role in regards to vocational training. OVR sees itself as serving those individuals who have the potential to become gainfully employed. It provides services such as vocational counseling and guidance, job training through vocational and technical schools, job placement and independent living services that help individuals gain self-sufficiency and vocational goals. It generally deals with higher functioning MR individuals. OVR's emphasis on progress toward employment means that it generally focuses on short-term programs. If, for example, an individual placed in a sheltered workshop by OVR is found to be in maintenance, rather than progress status, responsibility for funding will revert to MH/MR.

MH/MR has an I.Q. ceiling for clients of 69. It therefore tends to deal with lower functioning MR individuals. Individuals

who are appropriate for therapeutic activity centers, or day care programs without significant vocational content, would come under the province of MH/MR. MH/MR also funds slots in WACs and sheltered workshops. Funding cutbacks have been cited as bringing about changes in the OVR - MH/MR interface. Previously, OVR was described as funding the assessment phase for the more severely retarded. If they didn't make progress, then clients would be referred back to MH/MR. Apparently, now OVR won't fund this phase, but rather, conducts a preliminary interview with proposed clients to determine whether to do an assessment.

There are numerous training programs in the County, at various locations, sponsored by different organizations. These organizations include Easter Seals, a number of MH/MR catchment areas, The Association of Retarded Citizens (ARC), Goodwill Industries, etc. MH/MR and OVR pay for slots in these programs. Program types include, in order of functioning level of clients and extent of vocational content: TACs, WACs, sheltered workshops and competitive employment. Some higher level training programs are available at Community College of Allegheny County.

TACs are day programs for the more severely retarded, which focus on daily living skills and also provide respite for family caregivers. WACs are sheltered environments serving individuals that function at less than 50% of the competitive norm. Sheltered workshop clients, in contrast, produce at a rate which is 50% or more of the production or hourly standard of nonhandicapped workers. Both WACs and sheltered workshops may employ individuals at less than minimum wage.

Limitations in the number of openings at different program levels make it difficult to get into particular programs, and difficult to move up to more advanced levels once in a program. Apparently, at present all sheltered workshops are full. Waiting lists from the summer of 1985 indicated 200 individuals on waiting lists for sheltered workshops, 13 for WACS and 31 for TACS. Also, it is reported that many individuals in TAC programs remain because of a lack of openings at higher levels. Waiting lists for vocational evaluation from OVR is also noted as a problem at present, to the extent that the moderate or severely retarded are described as possibly having to wait two years or more if referred for evaluation at this time.

A Pennsylvania Department of Welfare, Office of Mental Retardation, report discusses the problem of the lack of client movement from lower to higher level programs (Office of Mental Retardation, 1983). They cite three reasons for this phenomenon: that clients are not prepared for movement, that there is no place for the client to go after training is received, and that there is a lack of incentives to encourage providers to achieve a

greater degree of client movement. Data for Pennsylvania on clients in WAC programs indicate that only 2% progressed to sheltered workshops, and less than 1% moved to competitive employment. Of those in sheltered workshops, only 7% moved to competitive employment (ibid).

New Local Developments

New approaches to improving the situation of MR youngsters in transition are being undertaken at the local level. The first of these is an attempt at improving interagency cooperation. In February 1985, an agreement was signed between the Pennsylvania Department of Education and the Office of Vocational Rehabilitation to promote interagency coordination by requiring each district office of OVR to have an interagency agreement with each IU, member school district and vocational-technical school within its district. These agreements must be in place by December, 1986, and their development is the responsibility of the IU's. In Allegheny County, the IU's have sponsored a series of meetings aimed at establishing formal agreements, in which MH/MR, whose participation is not mandated by the State, has also taken part.

The AIU has also been involved in a second new development. Together with the local MH/MR and OVR offices, it recently developed a proposal for a pilot program to provide special education students with Individual Transition Services Plans (ITSP). This plan would be a first attempt to ensure that every special education student would have his or her transition situation systematically addressed, with appropriate further steps developed. Specifically the ITSP as proposed is to include a comprehensive assessment of a student's development, education, and training and will prescribe the resources and services the individual will need to meet identified vocational and other goals in adult life. The ITSP is to be developed over an 18 month period in a systematic process involving student, parent or guardian, classroom teacher, guidance counselor and agency services providers. Whether this proposal is funded will not be known for some time. It does appear to be a major opportunity to ensure that every special education student's transition needs are reviewed, with appropriate development of future plans.

A third development, in which the AIU is also involved, is parent training. AIU staff has been interested in training parents as case managers of their children's careers. The feeling is that knowledgeable, effective parents could go a long way toward improving their children's chances for a meaningful adult life. The model followed involves a Parents as Case Mangers Workshop developed to help train parents to take an

active role in planning for the transition between high school and adult life. In the workshops, parents would learn of residential, training and employment options in their local area and would be encouraged to develop action plans. At this writing, the Pennsylvania Department of Education has provided funds to begin developing a manual and a committee of ten people, both parents and professionals, will be meeting to discuss the content of the manual. Plans at present do not appear to include development of actual parent training workshops.

An additional local development involves supported employment, an approach receiving considerable national attention. It is defined as paid employment for persons with developmental disabilities for whom competitive employment at or above minimum wage is unlikely, and who, because of their disabilities, need ongoing support to perform their work. It is considered a type of employment rather than a method of employment preparation. It involves a combination of placement on the job, job training and ongoing support services. It focuses on providing the ongoing support services required to get and keep a job, rather than on getting a person ready for a job sometime in the future.

An important aspect of supported work is that it includes the severely disabled. In fact, in Pennsylvania the supported employment approach has been focused on the severely handicapped. The state task force on supported employment established by OVR has planned to implement 5 statewide demonstration projects in this field, and Allegheny County has been selected as one of the sites. Accordingly, a Task Force for the Development of a Western Pennsylvania Supported Employment Program, composed of local representatives from OVR, MH/MR, the IU's, business, government and rehabilitation/vocational training agencies, has been meeting. A pilot program has been funded to begin July 1, 1986 which will serve 20 clients with severe handicaps of different types. Clients are to be individuals who could not successfully be placed through the traditional system. Nineteen percent of the funds of the project are allotted to the mentally retarded, and the same percent to serving special education students leaving the education system.

IX. Conclusions and Recommendations

A great deal of attention is being focused nation-wide on the transition of handicapped youngsters from school to adult life. The generation that came of age with P.L. 94-142, together with their parents, had become accustomed to a set of services planned to meet their needs. They are having, often, a difficult time effectively utilizing the next stage of services, to create meaningful lives for themselves. Between 50 and 80% of working age adults who report a disability of any kind are jobless (Will, 1984).

Locally, the 500 or fewer MR students completing their educations in Allegheny County every year are of concern. At present, given the statistics available, it is difficult to determine how successfully these youngsters tend to be in establishing meaningful lives for themselves. Local follow-up studies have experienced the problems of low return rates common to research of this nature, and can only provide suggestions as to outcomes. Results of these studies indicate that there is cause for concern in regards to the futures of MR school leavers, with one of the studies suggesting a failure to establish meaningful careers, and both studies indicating 70% or more of the former students living with parents or guardians. The lack of sufficient, reliable, detailed information on the long-term status of school completers makes it impossible to judge the efficacy of both in-school and post-school vocational preparation. Such questions as: are such programs effective in preparing individuals for potential jobs in their communities, which aspects of which programs tend to make for most successful outcomes, do people tend to obtain jobs in the areas in which they received training, etc, cannot be answered. These questions are important in terms of program evaluation and eventual revamping of programs to make them more effective. Evaluations which look at the individual training programs would also be invaluable in this regard.

The percent of students reaching the vocational services systems in Allegheny County after leaving school cannot be approximated, and so, the percent failing to be served is not known. We judge that there are those who never reach the systems because of lack of interest on their or their parents' part,

omission from their school's list of referral candidates, failure to be called back by the systems after they make an initial contact, or placement on waiting lists for extended periods or perhaps, indefinitely.

For those who do contact the systems, there are additional difficulties. There appears not to be sufficient slots in programs at various levels, especially those at the higher levels. The problem of both long waiting lists and lack of progress from lower to more advanced levels is noted. In general, even though the goal of programs is specified as preparation for either a higher level program or competitive employment, startlingly low levels of movement were noted by the Pennsylvania Office of Mental Retardation (Office of Mental Retardation, 1983), leading to the issue of what preparation means in these programs and whether they should be either redefined, or revised to better reflect their stated purpose. Recent funding cutbacks to these systems, especially OVR, are likely to exacerbate the shortcomings currently seen.

The new developments being planned appear steps in the right direction toward strengthening the present system of services for youth in transition. It is clear, however, that they are only a beginning. The developments mentioned are, in the main, only planned at present on a limited basis. Whether some will be funded or not is still unclear. Careful monitoring of those pilot projects that are developed is important to determine which models are viable and should be expanded into future efforts on a larger scale. The AIU appears at present to be involved in developing new approaches to transition of the disabled. The extension of these efforts to IU 2 would likely be a step forward.

The process of information-gathering and analysis involved in developing this report led to a number of recommendations for improving the extant situation in regards to the transition of mentally retarded youth in Allegheny County. These suggestions are directed at both increasing the information base and improving the service systems available to these youngsters. Each of the recommendations will be discussed below.

Additional statistics and a tracking system

In researching this report, it became clear that obtaining accurate statistics that would give clarity to the narrative was usually difficult, and sometimes impossible. If we are to plan effectively for the transition of handicapped youngsters, we must know, at a minimum, the following:

- The numbers in the later years of school, so we can project numbers requiring transition services. Even collecting seemingly unambiguous information as to numbers of MR students in the system was met with difficulty, with each source providing different counts. Hopefully, the new state tracking system will collect and disseminate this information on a regular, accurate basis.

- The numbers leaving school systems each year, by exceptionality. Again, the new state tracking system will be collecting this for the first time starting June 1986. This information has not previously been available.

- The numbers being picked up by the OVR and MH/MR systems each year and particularly, the number of new graduates entering each of the systems.

With these pieces of information known, we could begin to assess need; to determine the degree to which the existing systems are meeting the needs of graduates. They are the minimum data that should be collected. Optimally, more would be made available. Included would be the destination of each individual leaving the system, and specifically, what happens to him through the course of his school and post-school situation. This would allow critical questions to be asked such as: What percent of school leavers enter OVR and MH/MR programs? Are the programs suitable to their needs? Do the programs relate to training received in school? How long does it take for a student to enter a program once he has been referred? What is the length of waiting lists for various programs? How long is an individual in a program, and is that length of time appropriate? What happens to him when he leaves the program; more training, a job? What is the status of graduates one year after leaving school or training, two years after leaving, five years after leaving? Do vocational training programs just postpone the problem of finding suitable work?

Knowing such information is really the only way to assess the efficacy of vocational training programs. With such basic information known, more sophisticated questions could be approached such as: What is the relationship between the final destination of a handicapped individual and his schooling; his post-school training? In light of this relationship (or lack of relationship) should existing training programs be revamped and in what ways?

The most effective way to obtain such information would be a tracking system that began following an individual when he or she

entered the school system and traced his/her path many years into adulthood. The portion of the tracking that involves career in school is already accomplished in school records; the post-school portion is the current concern. A number of issues would have to be worked out in order to implement post-school tracking: 1) Who would be responsible; which system or systems? It appears clear it must start with the school system, but would input then be required from further systems? 2) Who would pay? This appears likely to be a complex issue, especially given the fact that it was only this year that a system was started that would simply obtain the numbers within the school systems, and exiting from them, annually, on a systematic, statewide basis.

With the new technologies, however, a major tracking system does not appear impossible. Although it would obviously involve a major commitment of resources, it appears within the realm of possibility. This is especially true if it were focused on MR students completing school in Allegheny County, of whom there are a limited number, estimated to be no more than 500 annually. A conceivable alternative might involve a computerized list of those exiting school, together with their birth dates. This would be used to send out birthday cards and a short form to fill out on each school leaver's birthday.

The adoption of a tracking system would have a lot of advantages, serving as an information base with many conceivable uses. It would allow the situation of handicapped school leavers to be reviewed on a prospective, rather than a retrospective, basis. Situations could be monitored on a regular basis, and, if desired, interventions linked to problems as they arose. It would obviously be a major planning tool. It would also serve the function of accountability, determining exactly what happened to those individuals who had been defined as a special responsibility of the school and vocational services systems. The implementation of a tracking system would also serve to indicate a seriousness of purpose in regards to these individuals; to serve notice that they are seen as the greater society's continual responsibility, with concern evidenced that they not be lost to view once school is completed.

A tracking system would also lend itself to providing the kind of outcome information that follow-up studies of handicapped school completers have tried to gather, efforts that have only partially succeeded because of the difficulty of finding people years after they have left a system. A tracking system would be the optimal approach to obtaining information about the fate of these youngsters. If actual tracking were considered to be too great an effort to be undertaken at this time, the status quo would be improved by efforts to collect at least some additional

pieces of data, on a regular basis, on handicapped school completers.

An objective look at in-school and post-school programs

In general, this discussion relied primarily on verbal reports of representatives of the relevant local systems, as well as documents written and distributed by these systems. By relying largely on the systems' own reports of their activities, functions, etc., we obtained a necessarily subjective view of the pieces of the transition situation, which included both how each system's representatives saw their own system and how they regarded the other systems - a kind of "word of mouth view". Although we attempted to obtain objective information wherever possible - numbers in systems, numbers on waiting lists, etc. - there was an obvious paucity of objective information regarding functions, program activities, procedures, efficiency of systems, etc.

This approach has advantages and disadvantages. The advantages are that you capture people's perceptions of how the systems actually operate, the "real" operation of the system, rather than a formalized written account that may not be what actually occurs. However, in the absence of objective information, there is no way to determine whether, to what degree, and how well a system actually performs all the functions it reports its staff as performing. We could get some indication of this by soliciting views of a number of individuals from both within the system in question and from other interacting systems (depending upon the time they were willing to grant us, and their willingness to talk about such subjects), but in the absence of objective information, we had no way to verify the information so obtained. Objective observation, assessment and reporting on each of these systems would, clearly, be a welcome addition to the field.

An objective look at post-school programs such as TACs, WACs, and sheltered workshops would allow additional questions to be posed, and would raise a number of philosophical issues to be addressed: Are such programs seen mostly as preparation for the next step up in terms of vocational level? (As The State Office of Mental Retardation views them?) If yes, how long should an individual be in such programs? Should a ceiling be set on number of years, or age of participants? Or, should they be redefined as activity centers, encouraging unlimited tenure by clients? If not so redefined, is it reasonable that someone who has been in a program for years can be considered to be in training or preparation for something? For what? Do mentally

retarded individuals retire from such programs, if no higher-level programs are deemed suitable? At what age should they retire, and to what situation? Objective information on the operation of programs, and the tenure of clients within them, will permit such basic issues to be meaningfully addressed.

Increased accessibility of information on available services

The researchers on this report found it surprisingly difficult to gain a picture of the exact programs that were available to youngsters in transition - which system offered what, what the requirements were of each, what the various level programs were and how they differed, how long a person could be expected to be in any one program, and the expected destination after completion. It must be a very confusing tableau to both counselors and parents attempting to ascertain the alternatives open to their youngsters. Hopefully, the parent training manual to be developed by the AIU will deal with these issues to some degree.

In general, what appears to be needed is a detailed directory of systems and programs, that is updated frequently. Optimally, a directory would include evaluative comments by parents and participants, making it a valuable resource for someone starting out in the system. This could be developed as a written document, perhaps in loose-leaf form to permit updating. A more effective alternative is likely to be a telephone hotline service which would compile and disseminate available information on programs and systems, as well as information as to specific program openings. This could either be developed as a new hotline service, perhaps under the auspices of a relevant established agency (e.g. ARC, MH/MR) or as a specific element of a general community hotline service (e.g. Helpline).

A model for this has been developed with The South Carolina Handicapped Services Information System (SCHSIS), a computerized information and referral system that has compiled a data base with details on services available to handicapped. The system has the capacity to provide information on a complete roster of agencies/programs offering services, which includes a specific description of each service, its eligibility criteria, location, days and hours of service and availability of transportation. Updating, adding and changing information in the data base is reported to be able to be accomplished in minutes. SCHSIS, originally designed for use by agency/service provider personnel, was expanded to accommodate handicapped persons directly, and is now accessed via a statewide toll-free telephone line. ("South Carolina Opens Computerized I & R", 1984)

Consideration of alternatives to work

The present systems involved in the training and education of the mentally retarded tend to be primarily vocationally-oriented. The student starts work-readiness courses in school and, as an ideal, progresses to the highest level job of which he is capable. The system is geared to that end, and the success of the educational system and the transition process tends to be measured by whether an individual is eventually found in a vocational setting: "Employment as a central outcome of effective transition provides an objective measure of transition success" (Will, 1984). But is it reasonable, or even fair to the individuals involved, to place all the outcome eggs in one, vocational, basket? Is it meaningful to equate success in life with success in obtaining a job?

The question is raised of whether an almost solely vocational approach is the most effective, given the current trends in unemployment. Latest figures show the projected rate of unemployment in Allegheny County for 16-19 year olds for July 1986 to be 24% and for 20-24 year olds to be 18% (U.S. Department of Labor, 1986). Also, the disparity between figures for whites and those for non-whites is striking. 16-19 year old whites are projected to have a 22% unemployment rate in July, 1986; non-white youth of that age group are projected at 52% unemployed. The next oldest age group, 20-24 years old, show a similar disparity, with non-whites having a projected unemployment rate more than twice that of whites; 36% to 15% (ibid). With over a third of non-handicapped non-white youth in Allegheny County not working, what percent of mentally retarded black youth (remember, it appears that blacks make up 75% of EMR high school students in the city) is it reasonable to expect will find jobs? Should 100% be the goal, and only programs with that goal be developed, as now seems to be the case?

Tizard and Andersen (1983), of London, discuss these issues in a thought-provoking article, "Alternatives to Work for the Handicapped". In this paper they discuss the present overwhelming emphasis on work as the goal for the handicapped and suggest that alternatives to work are often as valuable, and should be included in preparation for life.

The authors present a viewpoint that challenges the idea that work per se is a meaningful activity for the handicapped, to be prized above all others. This viewpoint pointed to the "depressing catalog of conditions apparent in Adult Training Centres in England" in which mentally handicapped workers are paid about 2 or 3 English pounds for a 27-30 hour work week: "This is a world where snapping wheels onto toy tractors all day

is described as 'of great therapeutic value' . . . If monkeys were made to do the same work, there would be a national outcry." The point is that more meaningful activity might be found for these individuals outside of work, especially considering the often monotonous assembly-line jobs found in workshops, at least in England.

Tizard and Andersen make the point that the the reason that alternatives to work for the handicapped has been a neglected area is that, in many cases, the problem of lack of work does not present itself as acute and immediate at the time of school-leaving. At this stage, many of those who do not go directly into open or sheltered employment go on to some form of further education or training. The assumption is that after a period of training, these young people will find employment. The problem is therefore postponed for one or even several years, during which the anxieties of the young people and their parents are temporarily allayed. (From this viewpoint, follow-up studies which consider training as a work-related outcome thereby mask the fact that people in training are actually unemployed.)

The authors suggest that if one of the main functions of work is to provide an individual with a sense of personal worth and involvement in society at large, these needs could be met at least in part by alternative activities. They cite voluntary service as a major activity of that kind, stating that "the involvement of handicapped people as givers rather than receivers of services has hardly begun to be explored". An example is given of a successful volunteer project in which mentally retarded worked with the elderly, taking tea trolleys around and washing dishes; worked with handicapped children in a special school nursery and in a play-group; and did gardening for elderly and infirm people living alone. Factors which determined the success of the program were identified as having a paid coordinator of work, careful screening and supervision of volunteers, and furnishing transportation.

Comments on this project indicated its effect on the mentally retarded volunteers: "Experience with this group of trainees shows without any doubt that they can play an active and useful part in the community, if given suitable opportunities. They respond very positively to the pleasure they get from volunteering . . . Growth in personal development and confidence is a positive advantage of working as a volunteer, and it was exciting to see the trainees responding to new situations and new contacts, gaining in assurance and often in ability" (Tizard and Andersen, 1983). An additional project mentioned involved the use of mentally retarded individuals as attendants of the physically disabled.

Using the handicapped as volunteers would appear to well exemplify the "helper-therapy" principle often cited in American literature (Reissman, 1965). This principle suggests that through volunteering, a volunteer himself derives benefit, perhaps to a greater degree than does the person toward whom the volunteer effort is directed. The aspect of client preference should also be considered. Those handicapped individuals who enjoy interacting with people might find this more possible to arrange through volunteer than paid work, given the jobs currently open to the mentally retarded.

Another area suggested by Tizard and Andersen as an alternative to employment is adult education, both in terms of increasing basic skill levels and providing opportunities for engaging in recreational pursuits. Sports and creative arts are mentioned. They also stress the important consequences for improving the social life of often-isolated nonworking handicapped.

The authors feel that emphasis on areas of involvement other than work has implications for what is taught in school and once school is completed:

> If, as we believe, increasing numbers of handicapped people are likely to spend large parts (if not all) of their lives without work, there are major implications for what is done at school and after school to prepare them for this possibility... handicapped adolescents may leave school totally unprepared for the idea that they may never work, and also without the resources which would enable them to cope with this reality or to take advantage of the alternatives. One thing, therefore, that we feel the schools should be doing is to prepare young people for the idea that they may not be able to find employment and to discuss with them, while they are still at school, possible alternatives. (Tizard and Andersen, 1983)

The authors make the comparison of this type of preparation for the handicapped with pre-retirement preparation for those soon to retire. Like such pre-retirement programs, preparation for adult living for the handicapped should include efforts to interest students in opportunities for community involvement, the identification and development of aptitudes and interests at an early age, and guidance on how to structure time.

This is undoubtedly a controversial issue. The Tizard and Andersen article begins with a statement justifying its inclusion

despite the apparently strong opinion of many professionals in the field that "any dilution of the principle that those with handicaps had the same rights to work as all citizens was wrong." It is justified on the grounds that "the availability of employment is uncertain, particularly for young people, and where the principle cannot be realised in practice alternative life styles need to be sought" (ibid). Given our work-oriented society, parents of handicapped children may not be amenable to a suggestion that appears to relax the attempt to provide employment opportunities for their children. Noting, however, the problem of isolation and lack of interaction, even for those handicapped individuals who are working, parents may welcome attempts to increase their children's ability to enjoy and make profitable use of their non-work time. For those individuals who don't eventually work, they could use these skills to make a better life for themselves; if working, they would have the means to improve their leisure time involvement.

This might also be a profitable emphasis for schools to expand into - discovery and development of non-vocational skills, use of time, ways to be involved in the community - should vocational training be judged as too dominating of the high school curriculum for other reasons. One of the implications of the supported work concept is a shift in emphasis from, as one paper termed it, "perpetual preparation" to "employment with ongoing publicly funded support". The potential success of this approach, thus, has implications for vocational training systems, both in school and post school. If people don't have to be "prepared" for their jobs, what should the content of school and post-school courses be? Some of the alternatives discussed above might be considered in this context.

Earlier intervention

By the time the transition system has to be concerned with them, mentally handicapped individuals are about to complete, or have already completed, their high school educations. That education is a fait accompli and the question becomes one of what to do with the school completers. The suggestion might be made for earlier intervention to increase chances for success at transition time. For example, studies appear to indicate that high school graduates fare better than drop-outs. Intensive efforts might be directed at keeping MR students in school by intervening when drop-out predicting behavior such as poor attendance, failing classes, behavior problems, begin to become apparent. (In analyzing the Pittsburgh Public School follow-up study data, we found number of pre-vocational courses failed to have a significant relationship to status of school completion.

Of those who had failed no courses, 29% dropped out and 71% graduated. The percentages were exactly reversed for those who had failed 1 or more pre-vocational courses; 71% eventually dropped out, and 29% graduated.) It appears that early success predicts later success, and early failure, later failure.

Optimally, it would be preferred to intervene as early as possible in the cycle to attempt to make for a better future for these students. In terms of the perfect society, it would be preferable to break the cycle at its earliest point and intervene with infants in families identified as at risk, so that the environmental causes of MR could be controlled as much as possible, resulting in fewer EMRs, and perhaps, a somewhat lower degree of impairment of more severe cases. In the absence of that perfect society, it would preferable to intervene as early as possible, being aware of danger signs as they appear in grade school.

Increased interagency cooperation

Cooperation between the I.U.s: The new development promoting interagency agreement specifies that each I.U. enter into agreement with its respective OVR district office. The I.U. situation in Allegheny County is somewhat unique, with two I.U.s serving the school systems of the county. IU 2 serves the Pittsburgh School System. IU 3 serves the suburban school systems. As IU 3 serves those areas surrounding the city in all directions, its central point, and its offices, are actually located in the city of Pittsburgh. Both IUs are served by the same MH/MR and OVR district offices.

The somewhat artificial separation of function and responsibility for administrative purposes has meant that each I.U. has developed separately, with its own emphases, procedures, collection of statistics, research efforts, etc. in regards to handicapped students. It can only be noted that increased discussion and cooperation between the two I.U.s, in regard to common populations and problems, is bound to be profitable. A sharing of information as to approaches tested, research findings, etc. can only increase the effectiveness of efforts undertaken by each of the I.U.s alone. Joint projects might be considered, such as unified statistics being gathered and later pooled to enable a picture of the complete county to be drawn, as well as common research efforts that would enable findings to apply to a broader base.

Prospective Task Force on the Transition of the Handicapped: The present Task Force for the Development of a Western Pennsylvania Supported Employment Program boasts an impressive membership representing virtually all relevant segments of the community. Both I.U.s, MH/MR, OVR, vocational training programs and workshops, and industry are all represented on the Task Force. The question remains whether such a task force could have its mission expanded beyond supported employment, to consider the wider issue of the transition of the handicapped in Western Pennsylvania. Alternatively, a separate task force on transition could be developed, preferably with the same degree of representation from relevant community agencies. This task force could begin with the present paper which details the transition of mentally retarded youngsters in this county. It could continue by considering steps to take to improve the situation, perhaps initially by reviewing the recommendations presented in the paper, and then by developing proposals for review and eventual implementation.

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Appendix A

Number of Students Graduating from the AIU's Special Education Centers in 1980, 1982 and 1984

Special Ed. Center	1980 SPMR	1980 TMR	1980 EMR	1982 SPMR	1982 TMR	1982 EMR	1984 SPMR	1984 TMR	1984 EMR	Totals
Cumberland Hills (Closed 1985)	0	4	10	0	3	11	0	3	3	34
Eastern Area	2	0	23	0	1	16	3	5	3	53
Middle Road	0	0	12	0	3	8	0	4	8	35
Mon Valley	1	5	21	0	8	6	0	16	30	87
Pathfinder	0	5	17	0	6	12	0	6	4	50
Sunrise	0	2	5	0	8	11	0	3	7	36
Western Hills	5	6	25	3	15	7	2	9	2	74
TOTALS	8	22	113	3	44	71	5	46	57	
(N)		(143)			(118)			(108)		